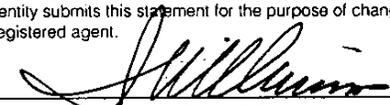
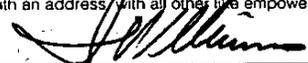


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000000871 1. Entity Name PRATT MEMORIAL FAMILYBUILD PROGRAM OF MIAMI, FLORIDA, INCORPORATED						FILED 07 APR -2 PM 2: 07 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1900 N.W. 183RD ST. MIAMI, FL 33055 US		Mailing Address 2201 NW 189 TERR MIAMI, FL 33056 US		 REINSTATEMENT 06-07 030... 099 (1/06-07)			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-0478150				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, FLORENCE P 2201 N.W. 189TH TERRACE MIAMI, FL 33056				7. Name and Address of New Registered Agent Name Ivan E. Williams Street Address (P.O. Box Number is Not Acceptable) 2201 N.W. 189TH TERRACE City Miami Gardens FL Zip Code 33056			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				100096010211 04/06/07--0049 016 **306.25 3-22-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE P <input checked="" type="checkbox"/> Delete NAME HALL, FLORENCE P STREET ADDRESS 2201 N.W. 189TH TERRACE CITY-ST-ZIP MIAMI, FL	TITLE 1 P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WILLIAMS, IVAN E STREET ADDRESS 2201 N.W. 189TH TERRACE CITY-ST-ZIP MIAMI, FL 33056		TITLE D <input checked="" type="checkbox"/> Delete NAME GARDNER, BENJAMIN F JR STREET ADDRESS 7401 N.W. 186TH STREET CITY-ST-ZIP MIAMI, FL 33015	TITLE 2 T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TYSE, CATHY STREET ADDRESS 2201 N.W. 189TH TERRACE CITY-ST-ZIP MIAMI, FL 33056			
TITLE VD <input checked="" type="checkbox"/> Delete NAME MANCE, HENRY STREET ADDRESS 2201 NW 189 TERR CITY-ST-ZIP MIAMI, FL 33056	TITLE 3 D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME EADY, KARL STREET ADDRESS 2020 N.W. 1 STAVE CITY-ST-ZIP MIAMI, FL 33127		TITLE T <input type="checkbox"/> Delete NAME WILLIAMS, IRA J STREET ADDRESS 15800 BUNCHE PARK SCHOOL DR CITY-ST-ZIP OPA LOCKA, FL 33054	TITLE 4 VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WILLIAMS, IRA J STREET ADDRESS 15800 BUNCHE PARK SCHOOL DRIVE CITY-ST-ZIP MIAMI, FLORIDA 33054			
TITLE 7 S <input type="checkbox"/> Delete NAME WILSON, BRENDA STREET ADDRESS 1701 NW 185 ST CITY-ST-ZIP MIAMI, FL	TITLE 5 D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LAZIER, FEDES STREET ADDRESS 2201 N.W. 189 TERR CITY-ST-ZIP MIAMI, FL 33056		TITLE D <input checked="" type="checkbox"/> Delete NAME GARDNER, JAMES G. STREET ADDRESS 18545 NW 22 PL CITY-ST-ZIP MIAMI, FL	TITLE 6 D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Goimbert, EMANUEL STREET ADDRESS 3820 N.W. 172 TERRACE CITY-ST-ZIP MIAMI, FL 33055			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.							
SIGNATURE: 				Date 3-22-2007 Daytime Phone # 305-621-0046			