

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			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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>				DATE 04/06/07 <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 NAME STREET ADDRESS CITY-ST-ZIP	P HALL, FLORENCE P 2201 N.W. 189TH TERRACE MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 P Williams, Ivan E 2201 N.W. 189TH TERRACE MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, BENJAMIN F JR 7401 N.W. 186TH STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 T TYSE, CATHEY 2201 N.W. 189TH TERRACE MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANCE, HENRY 2201 NW 189 TERR MIAMI, FL 33056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 D EADY, KARL 2020 N.W. 1ST AVE MIAMI, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, IRA J 15800 BUNCHE PARK SCHOOL DR OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 VD WILLIAMS, IRA J 15800 BUNCHE PARK SCHOOL DRIVE MIAMI, FLORIDA 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 S WILSON, BRENDA 1701 NW 185 ST MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 D LAZIER, FEDES 2201 N.W. 189 TERR MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JAMES G. 18545 NW 22 PL MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 D Goimbert, EMANUEL 3820 N.W. 172 TERRACE MIAMI, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 file empowered.							
SIGNATURE:				Date 3-22-2007 Daytime Phone # 305-621-0046			