PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 3:34

DOCUMENT # N94000003643

1. Corporation Name
DADE HUMAN RIGHTS FOUNDATION, INC.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
4500 Biscayne Blvd.	4500 Biscayne Blvd
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State Miami, FL	City & State Miami, FL
Zip / Country 33137 / USA	Zip / Country 33137 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/22/94 SP

5. FEI Number: 650510204 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

300004627978--0
-10/09/01--01011-012
****245.00 ****245.00

Name: Gary Knight

Street Address (P.O. Box Number is Not Acceptable): 4500 Biscayne Blvd.

Suite, Apt. #, Etc.: #300

City: Miami | State: FL | Zip Code: 33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Gary A. Knight (REGISTERED AGENT MUST SIGN) Date: 9/26/01

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ignacio Martinez-Ybor	506 N.W. 87 Ave #313	Miami, FL 33172
V/T/D	John Messer	1000 Venetian Way #608	Miami, FL 33139
S/D	Joe Guerrero	635 N.E. 71st Street	Miami, FL 33138
M/D	GARY KNIGHT	2401 COLLINS AVE #1208	Miami Beach, FL 33140
D	ALICIA APFEL	625 N.E. 52nd St.	Miami, FL 33137
D	Tim BARNUM	1000 West Ave #825	Miami Beach, FL 33139

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Gary A Knight, Executive Director 9/26/01 305-335-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #