

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000005513

1. Entity Name
THE MMAP FOUNDATION, INC.



FILED

06 NOV -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14411 COMMERCE WAY
SUITE 320
MIAMI LAKES, FL 33016

Mailing Address
14411 COMMERCE WAY
SUITE 320
MIAMI LAKES, FL 33016



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0558690

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, ANNA
415 NW 88TH TERRACE
MIAMI, FL 33150

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/30/06

DATE

FILE NOW!!! FEE IS \$81.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
HENDERSON, JR., ROBERT
14411 COMMERCE WAY, STE. 320
MIAMI LAKES, FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
WRIGHT, KATRINA
1111 BRICKELL AVE
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARNES, ARTHUR J
6003 SW 154TH CT
MIAMI, FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MD
WARD, ANNA
415 NW 88TH TERRACE
MIAMI, FL 33150

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900081471359
11/02/06--01029--008 **131.25

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/06

Date

305/610-8473

Daytime Phone #

K. Eckel NOV 03 2006