

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 MAY 14 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003100

1. Corporation Name

JOHN I. SMITH FOUNDATION INC.

2. Principal Office Address

18350 NW 2ND AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FL

City & State

SAME

Zip

33169

Country

MIAMI DADE

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 10, 1996

5. FEI Number

65-0677200

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

Name

R. TERRY CUSON

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

18350 NW 2ND AVE SUITE 600

Suite, Apt. #, Etc.

600

City

MIAMI

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date 05/08/02

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
PRES	<u>R. TERRY CUSON</u>	<u>18350 NW 2ND AVE #600</u>	<u>MIAMI, FL, 33169</u>
VP	<u>TOM ROMANIK</u>	<u>17601 NW 2ND AVE</u>	<u>MIAMI, FL 33169</u>
SECT	<u>TED KRAWITZ</u>	<u>1050 Wilshire Circle West</u>	<u>PEMBROKE PINES, 33022, FL</u>
TREAS	<u>KEITH LINDGREN</u>	<u>105 NE 183ST</u>	<u>MIAMI, FL 33179</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. TERRY CUSON, PRESIDENT

Date

05/08/02

Daytime Phone #

305-690-9123