

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004391

1. Corporation Name

MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND, INC.

2. Principal Office Address

C/O JUDITH FRANKEL
960 ARTHUR GODFREY RD.

Suite, Apt. #, etc.

Suite 116

City & State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

C/O JUDITH FRANKEL
960 ARTHUR GODFREY RD.

Suite, Apt. #, etc.

Suite 116

City & State

Miami Beach, Florida

Zip

33140

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/22/1996

5. FEI Number

650728729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name
Judith A. Frankel

Street Address (P.O. Box Number is Not Acceptable)
960 Arthur Godfrey Road

Suite, Apt. #, Etc.
Suite 116

City
Miami Beach

State
FL

Zip Code
33140

REINSTATEMENT

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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

Judith Frankel
REGISTERED AGENT MUST SIGN

Date 4/30/2004

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	David Alschuler	1401 NW 7th Avenue	Miami, Florida 33125
PE/D	Mitchell Zeiger	16625 SW 74 Court	Miami, FL 33157
1VP/D	Joy Spill	9100 S. Dadeland Blvd, Suite 504	Miami, FL 33156
2VP/D	Michael Gongora	767 Arthur Godfrey Road	Miami Beach, Florida 33140
T/D	Judith Frankel	960 Arthur Godfrey Road, Suite 116	Miami Beach, Florida 33140

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: *Judith Frankel* - JUDITH FRANKEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2004 305-674-1313
Date Daytime Phone #

CH2E081 (01/04)

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