

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000006343

1. Corporation Name

BISCAYNE BAY FOUNDATION, INC.

Principal Place of Business

~~40 EDWIN MOURE~~

~~2964 AVIATION AVENUE SUITE 300~~

~~COCONUT GROVE FL 33133~~

Mailing Address

~~40 EDWIN MOURE~~

~~2964 AVIATION AVENUE SUITE 300~~

~~COCONUT GROVE FL 33133~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1996

5. FEI Number

65-0721852

Applied For

Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT C/P/D	BLUMENTHAL, JOEL EDWIN MOURE	255 ALHAMBRA CIRCLE PH 1024 ALMERIA AVENUE	CORAL GABLES FL 33134
D	RABINO, PETER KIM ANASTON	1100 S VENETIAN WAY #2E 513 Fleming St #14	MIAMI FL 33141 Key West FL 33040
D	DOVER, VICTOR	5870 SUNSET DRIVE #1	MIAMI FL 33143
D	FUENTES, JOSE	15519 MIAMI LAKE WAY N	MIAMI LAKES FL 33014
D	BUTCHER, CLYDE	POB 16	OCHOPEE FL 33943 LS
D	WOLCOTT, HENRY	2900 M STREET NW SUITE 200	WASHINGTON DC 20007

8. Name and Address of Current Registered Agent

~~SCHWEP, PAUL J ESQ.~~
~~2600 S BAYSHORE DRIVE~~
~~PENTHOUSE~~
~~MIAMI FL 33133~~
EDWIN MOURE
2964 AVIATION AVE.
SUITE 300
COCONUT GROVE, FL
33133-3862

9. Name and Address of New Registered Agent

Name EDWIN MOURE
Street Address (P.O. Box Number is Not Acceptable)
2964 AVIATION AVENUE
Suite, Apt. #, Etc.
SUITE 300
City COCONUT GROVE
State FL
Zip Code 33133-3862

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

EDWIN MOURE
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800003856498--7
-03/16/01--01094--023
10/30/00
Date
Daytime Phone #