PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N98000000175

1. Corporation Name
SACRED GROUNDS FOUNDATION, INC.

2. Principal Office Address	3. Mailing Office Address
3865 PARK AVE	3865 PARK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 1/13/1998

5. FEI Number: 65-0813675 ☐ 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: MAHLI LIEBLICH

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****306.25 ****306.25

Street Address (P.O. Box Number is Not Acceptable): 3865 PARK AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ Date: NOV. 7, 2000

REGISTERED AGENT MUST SIGN

CR2E085 (8/98)

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
D	MAHLI LIEBLICH	3865 PARK AVE	MIAMI FL 33133
D	THOMAS DALY	3865 PARK AVE	MIAMI, FL. 33133
D	CHARLES SIEGER	3865 PARK AVE	MIAMI, FL. 33133
D	SUSAN LEE	3865 PARK AVE	MIAMI, FL. 33133

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: _____ MAHLI LIEBLICH NOV. 7, 2000 305-665-6155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #