



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000001186 1. Entity Name MIAMI/MIAMI-DADE WEED & SEED, INC.			
Principal Place of Business 645 NW 62ND STREET SUITE 100 MIAMI, FL 33150		Mailing Address 645 NW 62ND STREET SUITE 100 MIAMI, FL 33150	
2. Principal Place of Business 100 N.E. 84th Street Suite, Apt. #, etc. 250		3. Mailing Address 100 N.E. 84th Street Suite, Apt. #, etc. 250	
City & State Miami, FL		City & State Miami, FL	
Zip 33138 Country DADE		Zip 33138 Country DADE	
4. FEI Number 65-0821017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, ELAINE H 6015 NW 1ST AVE. MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Elaine Block Street Address (P.O. Box Number is Not Acceptable) 6015 N.W. 7th AVE City Miami FL Zip Code 33127	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VC NAME COLEY, GLORY STREET ADDRESS 13334 NW 21ST AVE CITY-ST-ZIP MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600062122726 12/13/05--01048--006 **236.35
TITLE T NAME FUNEUS, FRED STREET ADDRESS 1320 NW 62ND STREET CITY-ST-ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BLACK, ELAINE H STREET ADDRESS 3015 NW 7TH AVE CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TS 12/1/05
TITLE C NAME COOPER, KAREN STREET ADDRESS 1000 NW 62 STREET CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BAKER-BOUIE, SABRINA STREET ADDRESS 6161 NW 9TH AVENUE CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/1/05 305-751-8934 <small>Date Daytime Phone #</small>	