2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001186

CHIRETON, DAVID

MIAMI, FL 33138

100 NE 84TH ST STE 250

Name: Address:

City-St-Zip:

Entity Name: MIAMI/MIAMI DADE WEED & SEED INC

FILED Jul 27, 2009 Secretary of State

Entity Na	me: MIAMI/MIAMI-DADE WEED & SEED, INC.			
Current Principal Place of Business:		New Principal	New Principal Place of Business:	
100 N.E. 84TH STREET 250 MIAMI, FL 33138			6114 NW 7TH AVENUE MIAMI, FL 33127	
Current Mailing Address:		New Mailing A	New Mailing Address:	
100 N.E. 84TH STREET 250 MIAMI, FL 33138			PO BOX 370036 MIAMI, FL 33137	
In accordan	: 65-0821017 FEI Number Applied For() FEI ice with s. 607.193(2)(b), F.S., the corporation did not rece I Address of Current Registered Agent:		e() Certificate of Status Desired() Iress of New Registered Agent:	
CHIRERTON, DAVID 100 NE 84 TH ST STE 250 MIAMI, FL 33138 US		946 NW 46 STF	CHIVERTON, DAVID 946 NW 46 STREET MIAMI, FL 33127 US	
	e named entity submits this statement for the purpose of Florida.	se of changing its re	gistered office or registered agent, or both,	
SIGNATUI	RE: DAVID CHIVERTON		07/27/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VC () Delete COLEY, GLORY 13334 NW 21ST AVE MIAMI, FL 33167	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete FUNEUS, FRED 1320 NW 62ND STREET MIAMI, FL 33147	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () Delete COOPER, KAREN 1000 NW 62 STREET MIAMI, FL 33127	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BAKER-BOUIE, SABRINA 6161 NW 9TH AVENUE MIAMI, FL 33127	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CEO () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID CHIVERTON CEO 07/27/2009