

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001500

1. Corporation Name

KEEPERS OF THE DREAM FOUNDATION, INC.

2. Principal Office Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

Suite 303

City & State

Miami, Florida

Zip

33156-7559

Country

U.S.A.

3. Mailing Office Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

Suite 303

City & State

Miami, Florida

Zip

33156-7559

Country

U.S.A.

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 13, 1998

5. FEI Number

65-0876656

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

Samuel B. Reiner, II, Esq.

Street Address (P.O. Box Number is Not Acceptable)

7700 North Kendall Drive

Suite, Apt. #, Etc.

Suite 303

City

Miami

State

FL

Zip Code

33156-7559

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

REGISTERED AGENT MUST SIGN

Date **November 5**, 2002

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 | John Gethers, Jr. | 5730 Pembroke Rd., #10 | Hollywood, FL 33023 |
| V/D | Robert Winthrop | 12824 SW 150th Terrace | Miami, FL 33186 |
| S/T/D | Dorothy Warner-Benson, | 11845 SW 103rd Lane | Miami, FL 33186 |
| | Ph.D. | | |
| | | | |
| | | | |

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:

Robert Winthrop

Robert Winthrop

11/5/02

(305) 904-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

21 12/5