


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N98000003916</b> 1. Entity Name <b>MIAMI FOUNDATION FOR CANCER RESEARCH, INC.</b>					
Principal Place of Business <b>306 ALCAZAR AVE. STE 301 CORAL GABLES, FL 33134</b>			Mailing Address <b>306 ALCAZAR AVE. STE 301 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>2907 ALHAMBRA CIRCLE</b>		3. Mailing Address Suite, Apt. #, etc. <b>CORAL GABLES</b>			
City & State <b>FL</b>		City & State <b>FL</b>			
Zip <b>33134</b>		Country <b>USA</b>		4. FEI Number <b>65-0850693</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HALL, M. LEWIS JR 306 ALCAZAR AVE. 301 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>HALL, M. LEWIS JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2907 ALHAMBRA CIRCLE</b> <b>CORAL GABLES, FL 33134</b> City <b>FL</b> Zip Code		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;">           SIGNATURE <u><i>M Lewis Hall Jr</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>6/3/08</u>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS- MANNING, DORIS 306 ALCAZAR AVE #301 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 2907 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC HALL, MURIEL F 306 ALCAZAR AVE #301 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 2907 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, M. LEWIS JR 306 ALCAZAR AVE #301 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 2907 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HALL, LEWIS M III 306 ALCAZAR AVE #301 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 2907 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 2em; text-align: center;">\$1616</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800130993228 06/06/08--01028--001 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 2em; text-align: center;">\$1616</div>	<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 exemptions contained 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 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: <u><i>M Lewis Hall Jr</i></u> <u>6/3/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

122.50  
FILED  
08 JUN -6 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08  
06032088 REIN-NP CR2E090 (1/07)