

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 709786

FILED
Oct 31, 2014
Secretary of State

Entity Name: MIAMI DADE COLLEGE FOUNDATION, INC

Current Principal Place of Business:

300 NE 2 AVE
RM 1423-1
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

300 NE 2 AVE
RM 1429
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-6169745 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROJAS, ANNABELLE C MBA
300 NE 2 AVENUE
RM 1429
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ZURIARRAIN, AMAURY
300 NE 2 AVE STE 1429
MIAMI
FL, FL 33132 US

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.

SIGNATURE: AMAURY ZURIARRAIN 10/31/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COBD
Name: GRIMES, JULIE
Address: 1717 N. BAYSHORE DRIVE, STE 102
City-St-Zip: MIAMI, FL 33132

Title: V
Name: PLASENCIA, JORGE A
Address: 2153 CORAL WAY STE 500
City-St-Zip: MIAMI, FL 331345

Title: ED
Name: ZURIARRAIN, AMAURY
Address: 300 N.E. 2ND AVENUE, RM 1429
City-St-Zip: MIAMI, FL 33132

Title: T
Name: GIL, AUGUSTO
Address: 7300 SW 93RD AVE, STE 210
City-St-Zip: MIAMI, FL 33173

Title: S
Name: LOUISSAINT, BEATRICE
Address: 9499 NE 2ND AVE, STE 201
City-St-Zip: MIAMI, FL 33138

Title: D
Name: JOHNSTON, MARIA
Address: 150 W FLAGLE ST STE 1901
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: AMAURY ZURIARRAIN ED 10/31/2014
Electronic Signature of Signing Officer or Director Date