APPROVED
AND
FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 23 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 04000081 29

1. Corporation Name
Optimist Club of North Miami Beach Football and Cheerleading, Inc

REINSTATEMENT 05-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
17051 NE 19 AVE	P.O. Box 694334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach, FL	City & State: Miami FL
Zip: 33062 Country: Miami-Dade	Zip: 33269 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 8-19-2004

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Accommodations For You, Inc. 000007555980 00
05/31/06--01033--006 *122.50
Street Address (P.O. Box Number is Not Acceptable): 20401 NW 2nd ave
Suite, Apt. #, Etc.: Suite 201
City: Miami State: FL Zip Code: 33169

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/10/2006

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	Michael Francis	5256 NW 190 Lane	Miami Lakes, FL 33055
VP	Richard Raphael	20240 NW 4 Ave	Miami FL 33169
T	A.J. Franklin	P.O. Box 694334	Miami FL 33269
S	Marsha Raphael	900 NW 179 ter	Miami FL 33169
!			Miami FL 33
D	Michael FRANCIS	5256 NW 190 Lane	Miami FL 33056

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 contained in Chapter 119, 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: [signature] 5/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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May 11, 2006

To Whom It May Concern:

Please accept my payment to reinstate this corporation. We did not receive the renewal notice in the mail for the year 2005 and 2006.

Your cooperation in this matter is greatly appreciated.

Thank you

Micheal Francis
President