

APPROVED
AND
FILED

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 23 AM 11:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 0400000 81 29**
1. Corporation Name
**Optimist Club of North Miami Beach
Football and Cheerleading, Inc**

2. Principal Office Address
17051 NE 19 AVE

3. Mailing Office Address
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

REINSTATEMENT

CR2E081 (12/05)

05-06

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 ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Accommodations For you, Inc.

000075559800

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

05/31/06--01033--006 *122.50

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
I			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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

[Signature]
Date **5/10/06**

Daytime Phone #

May 11, 2006

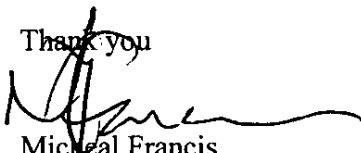
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To Whom It May Concern:

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