

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY 16 PM 12:40

DOCUMENT # **NO4000011028**

1. Corporation Name

**OPA-LOCKA Boxing CLUB INC.**

**REINSTATEMENT**

**05-07**

4/16/07 01052 001 \$ 105.00  
4/16/07 01052 002 \$ 253.75  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

**17711 N.W 11 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**17711 N.W 11 AVE**

Suite, Apt. #, etc.

City & State **MIAMI GARDENS FL**

City & State **MIAMI GARDENS FL**

Zip **33169**

Country **DADE**

Zip **33169**

Country **DADE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**APRIL 18, 2007**

5. FEI Number

**134359238**

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 **DARLY Pinear**

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

**3231 N.W 171 Street**

Suite, Apt. #, Etc.

City **MIAMI GARDENS**

State **FL**

Zip Code **33056**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

**Darby Pinear**

REGISTERED AGENT MUST SIGN

Date **5/14/07**

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
VP	Ashant; Robinson	17711 NW 11 Ave	MIA Gardens FL 33169
T.	Everard Robinson	17711 NW 11 Ave	MIA Gardens FL 33169
RA	Darby Pinear	3231 NW 171 St	3231 NW 171 St MIA FL 33169
P.	Howard Robinson	17711 NW 11 Ave	17711 NW 11 Ave MIA FL 33169

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 SIGNING OFFICER OR DIRECTOR

**may 14, 2007**

Date

Daytime Phone #

**305 687-1166**

**305 915-5630**

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