

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -7 PM 3: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000004274
1. Corporation Name Everglades Elementary School
Endeavor Center Booster Club

100002002131--6
-11/13/96--01020--030
***245.00 ***245.00

Principal Place of Business Mailing Address
8375 SW 16st. P.O. Box 144555
Miami, FL 33155 Coral Gables, FL 33134

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/31/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0547801	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Cheryl Corbazzoli	D 3500 SW 105 th ct	Miami FL 33165
1st VP	Jose Gavarrette	D 6321 SW 91 st ave	Miami, FL 33173
2nd VP	Donna Duelfer	D 6840 SW 64 th ct	Miami, FL 33143
Treas.	Lou E. Rodriguez	D 8331 SW 14 th ct	Miami, FL 33144
Recording Sec.	Maria Soto	15025 SW 53 rd Terr	Miami, FL 33185
Corr. Sec.	Virginia Espinosa	7970 SW 15 th St	Miami, FL 33144

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Maria A. Guitian, Esq. 8321 S.W. 14 St. Miami, FL 33144		Name Maria A. Guitian, Esq. Street Address (P.O. Box Number is Not Acceptable) 8321 S.W. 14 St Suite, Apt. #, Etc. MIAMI, FL 33144 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Maria A Guitian Date 10-17-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Lou E. Rodriguez Date 10/21/96 Daytime Phone # 305-262-3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lou E. Rodriguez