2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000033

Entity Name: MIAMI POLICE ATHLETIC LEAGUE, INC.

FILED Nov 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 NW 2ND AVE MIAMI, FL 33128 **Current Mailing Address: New Mailing Address:** 400 NW 2ND AVE MIAMI, FL 33128 FEI Number: 65-0669948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, BRENDAS 400 NW 2 AVE MIAMI, FL 33128 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: MAJOR BRENDA S. WILLIAMS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WILLIAMS, BRENDA S WILLIAMS, BRENDAS Name: Name: 400 NW 2 AVENUE Address: 400 NW 2 AVENUE Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33128 Title: () Delete Title: () Change () Addition Name: BLANCO, NORBERTO Name: Address: 400 NW 2AVE ROOM 206 Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: 2VP () Delete Title: () Change () Addition MARTIN, TRACEY Name: Name: 400 NW 2ND AVE ROOM 206 Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: ROBERTS, LYNDA Name: Address: 400 NW 2 AVE Address: MIAMI, FL 33128 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MCLISH, ORVILLE MOYSE, MALCOLM Name: Name: 400 NW 2 AVE 400 NW 2 AVE Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33128 Title: () Delete Title: () Change (X) Addition FRYD KARFN Name: Name: Address: Address: 400 NW 2 AVE MIAMI, FL 33128 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAJOR BRENDA S. WILLIAMS P 11/17/2009