PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FI	Sec	PARTMENT OF STATE of State of Corporations	TE		SECRETARY OF DIVISION OF CORPO 08 JUN 30 PM		
DOCUMENT # 734050 1. corporation Name Constrainent Football Club, Inc.									
						300132072353 07/02/0801013007 **245.00			
681 Well line Rd POR			Mailing Office Box Suite, Apt. #, etc.	of 122		REINSTATEMENT 05-08 4. Date Incorporated or Qualified			
Cantonment FL C			ip	antonnew FL			5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required		
32533						CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				State Zip Code		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.			
FL 32504 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 REGISTERED AGENT MUST SIGN						Date <u>6.23.2008</u>			
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		
fres.	Jerrell K.Smith, Jr.			\$10 farmington Q.			Pensacola	FL 32504	
VP_	Paniel Norwood			1249 Wishbone Lane			Cantonment	FL 32533	
Sec.	any Johnson			92 Greentree Grele		<u>cle</u>	Cantonner	FL 32533	
Tres.	Brandy	Jacko	on 10	021 Perdido R	<u>8d</u>		Cartonneut	FL 32533	
Comm	Tommy	Cody	4	31 WellLine	Ro	1	antonnent	FL 32533	
CC	Lindsau	Busc	h	827 Silas	$\mathcal{C}_{\mathfrak{n}}$	rcle.	Centonner	FL 52533	
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 filling 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							0-23-08 Date Daytin	ne Phone #	
								$-\frac{1}{\sqrt{2}}$	