2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007405

15358 SW 113 TERR

() Delete

MIAMI, FL 33196

MONGAS, ELSIE

15015 SW 148 ST

MIAMI, FL 33196

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

300WEW # 1400000007 403

Oct 07, 2005 Secretary of State

Entity Name: ENCHANTERS BOOSTER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 15255 SW 96 STREET MIAMI, FL 33196 **Current Mailing Address: New Mailing Address:** 15255 SW 96 STREET MIAMI, FL 33196 FEI Number: 65-1059085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: LEE, BARBARA 10420 SW 143 AVE MIAMI, FL 33186 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: BARBARA LEE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEE, BARBARA Name: Name: 10420 SW 143 AVE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: CP Title: () Delete () Change () Addition Name: RUIZ, SHELLY Name: Address: 8247 SW 147 CT Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: () Delete Title: () Change () Addition PABON, HAYDEE Name: Name: 16272 SW 97 ST Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: ΑТ () Delete Title: () Change () Addition TSENG, JENNIFER Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: BARBARA LEE CP 10/07/2005

(X) Change () Addition

RODRIGUEZ, DANIA

14542 SW 106 TERR

MIAMI, FL 33186