

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007405

1. Corporation Name

ENCHANTERS BOOSTER CLUB, INC.

Principal Place of Business

15255 SW 96 STREET
MIAMI FL 33196

Mailing Address

15255 SW 96 STREET
MIAMI FL 33196

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2000

5. FEI Number

65-1059085

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	IRIS LARA Lara Iris	15255 SW 96 STREET 7601 SW 142 Ave	MIAMI FL 33196 33183
SD	DAVID DORLAND Jones, David	15255 SW 96 STREET 15344 SW 111 St	MIAMI FL 33196 33196
TD	ALBERTO AND MARIA Morgas, Elsie	9884 S W 154 CT 15015 SW 148 St	MIAMI FL 33196 33196
S	LOURDES LEBUR Lebur, Lourdes	9721 HAMMOCK BLVD #108 11463 SW 109 Rd Bldg C	MIAMI FL 33196 33176
T	DONNA LEE Lee, Donna	15561 SW 155 AVE	MIAMI FL 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Iris Lara
~~IRIS LARA~~
7601 SW 142ND AVE
MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Iris Lara
REGISTERED AGENT MUST SIGN

Date 10/27/03

11. 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 under section 119.07(3)(i), 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:

Iris Lara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

To Whom it May Concern:

~~I never received a letter~~
after mailing the payment to
you. I call yesterday and the
gentlemen told me to fill out the
directors and mail back to you.
Sorry never received anything
else

Thank you,
Jana
President

Enchanters Booster Club