

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W0500052147

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 20 PM 2:08

DOCUMENT # W01000002485

1. Corporation Name

Falcons Cheerleading Booster Club, Inc.

2. Principal Office Address

1515 SW 191 LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

April 5, 2001

5. FEI Number

651096757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Rachel Aloy

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

1515 SW 191 Lane

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Rachel Aloy

REGISTERED AGENT MUST SIGN

Date

9/29/05

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
P	Rachel Aloy	1515 SW 191 LN	P. Pines, FL. 33029
V	Diane Forte	11031 NW 16 Street	P. Pines, FL. 33029
T	Linda Sciarretti	1060 Windward Dr.	P. Pines, FL 33029
S	Patti Arnone	11001 NW 19 St.	P. Pines FL 33029

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 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:

Rachel Aloy Rachel Aloy

Date

9/29/05

Daytime Phone #

(954) 442-9237

CR2E081 (01/05)

2/2

January 3, 2006

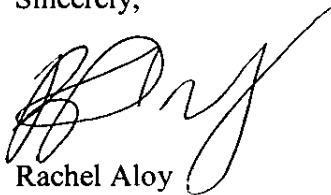
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL. 32302

Subject: Falcons Cheerleading Booster Club, INC.  
Reference: N01000002485

This is a response to your request for additional information regarding the request for a waiver of the late fees. The current members of the booster club did not receive a uniform business report/corporate annual report for the following years 2003, 2004 and 2005. The current members of the booster club are all new members. The previous members abandoned the booster club and did not file any reports (as far as we know) or pass on information to new members. We are attempting to reorganize and file all necessary applications with the state in order to be in good standing.

Thank you for your assistance in this matter.

Sincerely,



Rachel Aloy  
President  
Falcon Cheerleading Booster Club