

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002485

1. Entity Name
FALCONS CHEERLEADING BOOSTER CLUB, INC.



FILED
07 JAN 18 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1515 SW 191 LN
PEMBROKE PINES, FL 33029

Mailing Address
1515 SW 191 LN
PEMBROKE PINES, FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10122906 - REINSTATEMENT CR2E099 (11/05)

4. FCI Number
65-1096757

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALOY, RACHEL
1515 SW 191 LN
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rachel Aloy* 10/10/06

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ALOY, RACHEL	1515 SW 191 LN	PEMBROKE PINES, FL 33029	<input type="checkbox"/>	P	Aloy, Rachel	12800 Taft Street	P. Pines, FL 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	FORTE, DIANE	11031 NW 16 STREET	PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/>	V	Paige Warrick	1306 NW 123 Ave	P. Pines FL 33024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	SCIARRETTI, LINDA	1060 WINDWORD DR.	PEMBROKE PINES, FL 33026	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	ARNONE, PATTI	1101 NW LA ST.	PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE: *Rachel Aloy* 10/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #