2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Hormon

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N01000003584 1. Entity Name STARS BOOSTER NON-PROFIT GROUP, INC. 05 OCT 21 PM 2: 22 Principal Place of Business Mailing Address REINSTATEMENT 164 SAUSALITO BOULEVARD 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address <u>SR 4</u>36 43% Suite, Apt. #, etc 09272005 REIN-NP CR2E099 (6/04) #127 4. FEI Number 59-3692372 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOFFMANN, JACQULINE-164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707 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. 1 am familiar with the obligations of registered agent, FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2006, Fee will be \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D TITLE Delete ☐ Chance ☐ Addition NAME RASCH, JIM NAME 164 SAUSALITO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** ■ Addition RISKO RICH RISKO, RICH NAME NAME 1271 5R436, UN 11#127 164 SAUSALITO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP elberly fl 32707 TITLE Delete ☐ Change ☐ Addition O'SHEA, SANDRA A NAME NAME STREET ADDRESS 164 SAUSALITO BOULEVARD STREET ADDRESS CITY-ST-7/217 CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME SISK, LONE L NAME STREET ADDRESS 164 SAUSALITO BOULEVARD STREET ADDRESS CITY - ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP D Change TITLE ☐ Delete TITLE ☐ Addition COLDH, MICHELLE 1271 SR436, UNIT#127 COLON, MICHELLE NAME 164 SAUSALITO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOFFMANN, JACQUELINE 1271 SR 436, UNITH 127 HOFFMANN, JACQUELINE NAME NAME STREET ADDRESS 164 SAUSALIZO BLVD STREET ADDRESS CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

10/16/05

FILED