

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 12, 2009
Secretary of State**

DOCUMENT# N02000005809

Entity Name: SPARTAN BAND PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

9280 CARIBBEAN BLVD
MIAMI, FL 33157

New Principal Place of Business:

19355 SW 114TH AVE
MIAMI, FL 33157

Current Mailing Address:

PO BOX 97-2028
MIAMI, FL 33197

New Mailing Address:

PO BOX 972028
MIAMI, FL 33197

FEI Number: 65-1140833 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:

CALLAHAN, MICHAEL P
9280 CARIBBEAN BLVD
MIAMI, FL 33157 US

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: MICHAEL CALLAHAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BACON, CLAIRE
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: BRUCE, JEMMINE
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DVP (X) Change () Addition
Name: OSORICO, ARMANDO
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DT () Delete
Name: CALLAHAN, MICHAEL P
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: D (X) Change () Addition
Name: CALLAHAN, MICHAEL P
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DEO () Delete
Name: PERRY, MARIA
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: DEO (X) Change () Addition
Name: JONES, DAPHNEE
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

Title: () Delete
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: SIMS, ANGELA
Address: PO BOX 97-2028
City-St-Zip: MIAMI, FL 33197

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MICHAEL CALLAHAN

D

10/12/2009

Electronic Signature of Signing Officer or Director

Date