PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008564

1. Corporation Name

MIAMI PANTHER LACROSSE CLUB, INC.

REINSTATEMENT 03-04

600034383916
04/28/04--01020--010 **297.50

2. Principal Office Address	**3.** Mailing Office Address
7250 SW 39 TERRACE	7250 SW 39 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA.	City & State: MIAMI, FLA.
Zip: 33155 Country: USA	Zip: 33155 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida MARCH 13, 2003

5. FEI Number 30-0135475 ~~[illegible]~~ ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN S. WESTON

Street Address (P.O. Box Number is Not Acceptable): 7250 SW 39 Terrace

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33155

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: JS Weston — Date: 4-16-2004

REGISTERED AGENT MUST SIGN

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
D	JOHN S. WESTON	7250 SW 39 Terr.	MIAMI, Fla 33155
D	JAMES Doddo	7250 SW 39 Terr.	MIAMI, Fla. 33155
D	Michael Wohl	7250 SW 39 Terr	MIAMI, Fla. 33155

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: JS Weston JOHN S. WESTON 4-16-2004 305-264-9661

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