# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

07 NOV 26 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RM 11-27-07

DOCUMENT # N02000008564

1. Entity Name
MIAMI PANTHER LACROSSE CLUB INC.

REINSTATEMENT 07

| Principal Place of Business | Mailing Address |
|---|---|
| 7125 S.W. 116TH TERRACE<br>PINECREST, FL 33156 | 7125 S.W. 116TH TERRACE<br>PINECREST, FL 33156 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 6000 SW 106 St. | 6000 SW 106 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State: Pinecrest, FL | City & State: Pinecrest, FL |
| Zip: 33156 Country: USA | Zip: 33156 Country: USA |

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DEPHILLIPS, PATRICIA<br>7125 S.W. 116TH TERRACE<br>PINECREST, FL 33156 | Name: Rosen, Karen<br>Street Address (P.O. Box Number is Not Acceptable): 6000 SW 106 Street<br>City: Pinecrest FL Zip Code: 33156 |

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: Patricia DePhillips Karen Rosen 11/7/07 11/7/07 DATE

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

**FILE NOW!!! FEE IS $61.25**
**After January 1, 2008, Fee will be $122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 | PD<br>DEPHILLIPS, PATRICIA<br>7125 S.W. 116TH TERRACE<br>PINECREST, FL 33156 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200112242172<br>11/13/07--01073--005 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>COWAN, SUSAN<br>5805 S.W. 118TH STREET<br>PINECREST, FL 33156 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BLOOM, JILL<br>10000 S.W. 70TH AVENUE<br>PINECREST, FL 33156 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>PD<br>Bloom, Jill<br>10000 SW 70 Avenue<br>Pinecrest, FL 33156 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SOFTNESS, DAVID<br>9851 S.W. 73RD AVENUE<br>PINECREST, FL 33156 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>VPD<br>Patty Shapiro<br>1160 Lugo Avenue<br>Coral Gables, FL 33156 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>SD<br>Karen Rosen<br>6000 SW 106 Street<br>Pinecrest, FL 33156 |

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 like empowered.

**SIGNATURE:** _____ 11/3/07 (305) 666-0354

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