
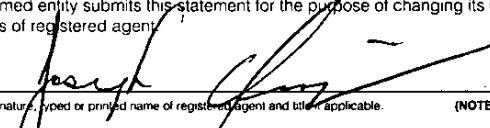
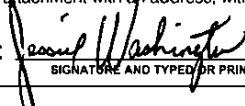


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 AUG 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005290 1. Entity Name PIONEER FOOTBALL BOOSTER INCORPORATED					
Principal Place of Business 800 NE 137TH STREET N. MIAMI, FL 33161			Mailing Address 800 NE 137TH STREET N. MIAMI, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMPSON, JOSEPH E 800 NE 137TH STREET N. MIAMI, FL 33161				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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  _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JESSIE		NAME	Washington, Jesse	
STREET ADDRESS	8381 NW 24 COURT		STREET ADDRESS	8381 NW 24 Court	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TRACY		NAME	Klores, Katherine	
STREET ADDRESS	494 NW 165TH ST RD #C206		STREET ADDRESS	21244 Harbor Way Unit 215	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUTUS, WENDY		NAME	Simmons, Kendrick	
STREET ADDRESS	14525 NE 12TH AVE		STREET ADDRESS	7737 NW 4 Court	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	Miami, FL 33150	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, CLAUDETTE		NAME	Fulginiti, Dominic	
STREET ADDRESS	15383 NE 1ST CT		STREET ADDRESS	236 NW 97 Ave	
CITY-ST-ZIP	N. MIAMI, FL 33162		CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete	TITLE	900078883179	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	08/18/06--01040--014 **122.50	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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