2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N03000005888 CYPRESS BAY GIRLS BASKETBALL BOOSTER CLUB, 06 OCT 31 AH 10: 50 INC. Principal Place of Business Mailing Address 15015 WINDOVER 15015 WINDOVER WAY **DAVIE. FL 33331** DAVIE, FL 33331 US Principal Place of Business 3. Mailing Address 3739 San Simeon Circle 3739 San Simeon Circle 10182006 REIN-NP CR2E099 (11/05) Applied For City & State 4. FEI Number 30-0180940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MCDONALD, DAVID M 1393 SW 1ST ST STE 200 MIAMI, FL 33135 City WES TON 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 FILE NOWI!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete TITLE TITLE manda Gacharna NAME NEZAJ, NOREEN D NAME STREET ADDRESS 641 RANCH RD STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Delete TS TITLE ■ Addition TITLE MURPHY-GRUMBERG, ANN MARIE M NAME NAME 739 San Simeon Circle 15015 WINDOVER WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-**DAVIE, FL 33331** CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ະສະວາຊຕໍ່ຮ**້**ະຕິເປັນໄດ້ນາດໄດ້ນີ້ໄດ້ NAME NAME **70.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a large pike impowered.