

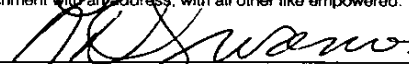


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007860 1. Entity Name VENICE HIGH SCHOOL SOCCER BOOSTERS, INC.						FILED 07 APR 20 PM 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1 INDIAN AVE VENICE, FL 34285				Mailing Address 1 INDIAN AVE VENICE, FL 34285			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PFUNDTNER, ALLEN 1 INDIAN AVE VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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.</small>				DATE 4/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	VP,D PFUNDTNER, ALLEN R 3281 VIRGINIA RD VENICE, FL 34293			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George P. Schreiber 5337 Layton Drive Venice, FL 34293		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D CIPRIANI, FRANK 1028 OAK MEADOWS LN OSPREY, FL 34229			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD YOUNG 1049 Truman Street Nokomis, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, CAROLYN 1028 OAK MEADOW LANE OSPREY, FL 34229			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen Thomas 5077 Winter Rose Way Venice, FL 34293		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARQUES, ANN 6040 DIANA RD VENICE, FL 34293			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lois D. Swanson 305 High Point Drive Venice, FL 34292		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D CLARK, MAX 1 INDIAN AVENUE VENICE, FL 34285			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-16-07			
DAYTIME PHONE # 941-488-3007				CHECK NUMBER 000102651300 05/16/07--01043--016 **122.50			