

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008021

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** SOUTHWEST BROWARD JUNIOR ATHLETIC ASSOCIATION OPTIMIST, INC.

**Current Principal Place of Business:**

6210 SW 33RD STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4942  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 56-2396521      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CFO TAX & ACCOUNTING, INC  
1100 SUNSET STRIP  
SUITE #3  
SUNRISE, FL 33313 US

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.

SIGNATURE: JIMI MONTANEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONTANEZ, JIMI  
Address: 7667 TROPICANA STREEET  
City-St-Zip: MIRAMAR, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: DELANEY, ALBERT  
Address: 3808 E. LAKE TERRACE  
City-St-Zip: MIRAMAR, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Delete  
Name: BAILEY, RADIKA  
Address: 6217 SW 32ND STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMI MONTANEZ

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date