

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008129

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** OPTIMIST CLUB OF NORTH MIAMI BEACH FOOTBALL AND CHEERLEADING, INC

**Current Principal Place of Business:**

17051 NE 19 AVE  
NORTH MIAMI BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 694334  
MIAMI, FL 33269 US

**New Mailing Address:**

**FEI Number:** 20-5256672 **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:**

ACCOMODATIONS FOR YOU, INC  
20401 NW 2ND AVENUE  
SUITE 201  
MIAMI, FL 33169 US

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

FRANCIS, MICHAEL  
17051 NE 19TH AVENUE  
MIAMI, FL 33162 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: MICHAEL FRANCIS

10/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRANCIS, MICHAEL  
Address: 5256 NW 190 LANE  
City-St-Zip: MIAMI LAKES, FL 33055 US

Title: V ( ) Delete  
Name: RAPHAEL, RICHARD  
Address: 20240 NW 4 AVENUE  
City-St-Zip: MIAMI, FL 33169 US

Title: T ( ) Delete  
Name: FRANKLIN, A J  
Address: P O BOX 694334  
City-St-Zip: MIAMI, FL 33269 US

Title: S ( ) Delete  
Name: RAPHAEL, MARSHA  
Address: 900 NW 179 TERRACE  
City-St-Zip: MIAMI, FL 33169 US

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

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

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

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

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: MICHAEL FRANCIS

PD

10/16/2007

Electronic Signature of Signing Officer or Director

Date