

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>NO10000008774</u>			
1. Corporation Name <u>MIAMI DADE Sport/Educational Optimum Club</u>			
2. Principal Office Address - No P.O. Box # <u>285 N.W. 199 St</u> Suite, Apt. #, etc. <u>2 FLOOR</u> City & State <u>MIAMI FLA</u> Zip <u>33169</u>		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc. <u>SAME</u> City & State <u>SAME</u> Zip <u>SAME</u>	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number ☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status		7. Name and Address of Current Registered Agent Name <u>LORENZO JOHNSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>10260 S.W. 13 St</u> Suite, Apt. #, Etc. <u>Pembroke Pine</u> City <u>Pembroke Pine</u>	
State <u>FL</u>		Zip Code <u>33025</u>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>MAY 11, 2007</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	LORENZO JOHNSON JR.	10260 S.W. 13 St	MIAMI FL 33025
Dir.	LORENZO JOHNSON JR.	6540 N.W. 200th Pk.	MIAMI FL 33155
Sec.	Carl Roberts	285 N.W. 199 St	MIAMI FL 33169
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: <u>Lorenzo Johnson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT 06-07