


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N04000009343**

1. Entity Name  
**BULLS BAND BOOSTER, INC.**



FILED

2007 OCT -4 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 510451  
MIAMI, FL 33151

Mailing Address  
PO BOX 510451  
MIAMI, FL 33151

2. Principal Place of Business - No P.O. Box #  
**302 NE 143 St.**


3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip  
**33161**

Country



REINSTATEMENT

08072007 06-07

4. FEI Number  
**26-0096980**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRUYNING, CARY**  
1140 NW 58TH STREET  
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name: **KAREN A. TYNES**

Street Address (P.O. Box Number is Not Acceptable) **302 NE 143 St.**

City **MIAMI** FL Zip Code **33161**

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 *Karen A. Tynes, President* DATE Aug. 7, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P BRUYNING, CARY 1140 NW 58TH STREET MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PRESIDENT KAREN A. TYNES 302 NE 143 street MIAMI, FL. 33161
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			Vice-President Desiree Johnson 1839 NW 93rd terrace MIAMI, FL. 33147
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			TREASURER GLORIA SCAVELLA 1231 NW 143 ST MIAMI, FL 33167-1213
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			SECRETARY Edythe Smith 2110 NW 60th street MIAMI, FL 33142
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			600107957735 08/13/07--01045--001 **\$1.25
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			600107957735 08/13/07--01045--002 **\$1.25
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			600107957735 08/13/07--01045--003 **\$8.25

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: *Karen A. Tynes* DATE Aug. 7, 2007 (305) 376-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1018aw