2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0400010893 1. Entity Name MELBOURNE HIGH WRESTLING BOOSTER CLUB, INC.			IC.	FILED 06 DEC 13 PM 4: 18 SECRETARY OF STATE
Principal Place 74 BULLDOG MELBOURNE	i BOULEVARD	Mailing Address 149 OXFORD COURT INDIALANTIC, FL 32	· · · · · · · · · · · · · · · · · · ·	TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DEMINATE WEST WOOD WO
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Ness	7. Name and Address of New Registered Agent
DAWLEY, ALISON L 149 OXFORD COURT INDIALANTIC, FL 32903		·	Street Addres	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement ions of registered agent. Musben Dawler Signature, typed or printed name of registered by	<u> </u>	its registered office or regis OTE: Registered Agent signature re	quired when reinstating)
	FILE NOW!!! FEE IS \$236.25 inuary 1, 2007, Fee will be \$29	7.50		Make check payable to Florida Department of State
10.	OFFICERS AND (11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CATY+ST-ZIP	P WOMACK, MITCHELL A 3391 ARECA PALM AVENUE MELBOURNE, FL 32901	Delete	NAME STREET ADDRESS 11	esident Change Harrition eff Hattendoff 37 So Wickham Rd elbourne FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWLEY, ALISON L 149 OXFORD COURT INDIALANTIC, FL 32903	Delete	NAME STREET ADDRESS 8	reasurer Change GAddition In Feller In Whitmire Dr. Melbourne FL 3 2935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC MAHL, MIKE 74 BULLDOG BOULEVARD MELBOURNE, FL 32901	☐ Dēlete	NAME STREET ADDRESS CITY-SI-ZIP	Change Addition 300082520483 12/13/0601043005 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby indicated of the corchanged.	on this report or supplemental repor poration or the receiver or trustee err or on an attachment with an address	with this filing does not qualities true and accurate and the powered to execute his reps, with all other like suppower the printed hame of signing officers.	at my signature shaff have the out as required by Chapter 6 ed.	ined in Chapter 119, Florida Statutes, 1 further certify that the information ne same legal effect as if made under oath; that I am an officer or director 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if