PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE								FILED							
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS								05 FEB -4 PM 4: 03							
DOCUMENT # NO4647								SECRETARY OF STATE TALLAHASSEE, FLORIDA							
1. Corporation Name South Dade Quarterback Club Inc									reins	Ta	TEMI		Ī <i>0</i> 0	-05.) \ \ •=
2. Principal Office Address POBO 901-058 3. Mailing 0									01-06-05 01031 009 \$					45.00	3
					uite, Apt. #,	· · · · · · · · · · · · · · · · · · ·			4. Date Incorporated or Qualified To Do Business in Florida						7 -
					City & State HDMESTROD, FL			-	5. FEI Number Applied For					oplied For	1
zip 3309	3309.0 USA				3369D USA				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee r					l Fee require	-
	7. Name and Address of Current Registered Agent														
	Name Joanna Parrado CUICUAE 18900														
-		stea								State Zip Code FL 33031					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Agent Agent MUST SIGN Date //3/0 T															CR2E081 (01/04)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)														1	
Titles	Name of Officers and/or Directors					Off	f Each irector			City / State / Zip					
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this rei owed b on this	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 filling 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 under section 119.07(3)(i), 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.														
SIGNA		NATURE	AND TYPED	OR PRINTE	D NAME OF	SIGNING OFFICER OF	DIRECTOR		1/5/6	Date	986	کے ایک Daytin	ne Phone #	41	

SOUTH DADE QUARTERBACK CLUB

South Dade High School Football Booster PO Box 901058 Homestead Florida, 33090-1058

January 31, 2005

Ms. Milligan,

The South Dade Quarterback Club is a parent led non-profit organization that financially supports the football program at South Dade Senior High School located in Miami-Dade County. The club through fund raisers and donations purchases football equipment, uniforms, pre-game meals and programs for the Varsity and Junior Varsity teams. Additionally, each year our organization rewards two to three deserving senior athletes with monitory help toward their higher education.

It is my understanding that the 2000 original/second notice annual report was not filed by the previous administration due to non-receipt. Enclosed you will find our corporation reinstatement form and the reinstatement fee balance due of \$122.50.

All the funds raised by the South Dade Quarterback Club are used for the betterment of our student athletes. Many of our players come from under privileged families where no parental financial support is possible. Every dollar we raise is precious and vital to our student athletes. Thank you for your assistance.

Respectfully yours,

Joanna Parrado

President, South Dade Quarterback club