## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000010401

FILED Nov 05, 2009 Secretary of State

Entity Name: SUNRISE SPORTS CENTER BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2901 NORTH U.S. HIGHWAY ONE FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

2901 NORTH U.S. HIGHWAY ONE FORT PIERCE, FL 34950

FEI Number: 86-1147817 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: Name and Address of New Registered Agent:

RACZKOSKI, AMY

6704 PENNY LANE

FT. PIERCE, FL 34951 US

DE FLORIO, SHARON
307 S. 30TH STREET
FT. PIERCE, FL 34947 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: SHARON DE FLORIO 11/05/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 CRUZ, WILSON
 Name:
 CRUZ, ANDREIA

 Address:
 80 VIRGINIA PARK BLVD
 Address:
 80 VIRGINIA PARK BLVD

 City-St-Zip:
 FT. PIERCE, FL 34947
 City-St-Zip:
 FT. PIERCE, FL 34947

Title: VP/S ( ) Delete Title: VP/S (X) Change ( ) Addition

 Name:
 BORCHARDT, REBECCA
 Name:
 CRUZ, WILSON

 Address:
 6376 7TH PLACE
 Address:
 80 VIRGINIA PARK BLVD

City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: FORT PIERCE, FL 34947

Title: T/ C ( ) Delete Title: T/ C (X) Change ( ) Addition Name: RACZKOSKI, AMY Name: DE FLORIO, SHARON

 Address:
 6704 PENNY LANE
 Address:
 307 S. 30TH STREET

 City-St-Zip:
 FT. PIERCE, FL 34951
 City-St-Zip:
 FT. PIERCE, FL 34947

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: SHARON DE FLORIO T/C 11/05/2009