2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002310

FILED Dec 03, 2007 Secretary of State

Entity Name: MIAMI GARDENS YOUTH ATHLETIC & ACADEMIC PROGRAM, INC. **Current Principal Place of Business: New Principal Place of Business:** 270 SW 100TH TERRACE 3240 NW 214 STREET PEMBROKE PINES, FL 33025 MIAMI GARDENS, FL 33055 **Current Mailing Address: New Mailing Address:** 270 SW 100TH TERRACE PEMBROKE PINES, FL 33025 FEI Number: 26-0404616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: COOPER, HAROLD B ROBINSON, MELVIN 270 SW 100TH TERRACE 270 SW 100TH TERRACE PEMBROKE PINES, FL 33025 US PEMBROKE PINES, FL 33025 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: MELVIN ROBINSON 12/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBINSON, MELVIN Name: Name: 270 SW 100TH TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: () Delete Title: (X) Change () Addition COOPER, HAROLD B Name: Name: MACK, RODERICK Address: 270 SW 100TH TERRACE Address: 3031 NW 171 TERRACE City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIAMI GARDENS, FL 33056 Title: **TRES** () Delete Title: **TRES** (X) Change () Addition ROWE JR, DANIEL J TREASUR MCGHEE, TONYA Name: Name: 270 SW 100TH TERRACE 16266 SW 19TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIRAMAR, FL 33027 Title: () Delete Title: SEC () Change (X) Addition Name: Name: NIXON, OCTAVIS Address: Address: 15400 NW 31 AVE City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33056

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: MELVIN ROBINSON **PRES** 12/03/2007