## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000002371

FILED Mar 13, 2008 Secretary of State

Entity Name: FLORIDA SPIRIT ALL-STARS BOOSTER CLUB, INC.

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

4515 OAK FAIR BLVD. 3706 PIERCE HARWELL LOOP SUITE 102 PLANT CITY, FL 33565 US

TAMPA, FL 33610 US

Current Mailing Address: New Mailing Address:

4515 OAK FAIR BLVD. 3706 PIERCE HARWELL LOOP SUITE 102 PLANT CITY, FL 33565 US TAMPA, FL 33610 US

FEI Number: 20-4462255 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:

HALL, KAREN D
510 HIGHVIEW TERR N
510 BRANDON, FL 33510 US
510 FLOWERS, CINDY A
5706 PIERCE HARWELL LOOP
FLANT CITY, FL 33565 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: CINDY A FLOWERS 03/13/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEWIS, TANDI
 Name:

 Address:
 10738 BAMBOO ROD CIR
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569 US
 City-St-Zip:

Title: T ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 HALL, KAREN D
 Name:
 FLOWERS, CINDY A

 Address:
 510 HIGHVIEW TERR N
 Address:
 3706 PIERCE HARWELL LOOP

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 PLANT CITY, FL 33565

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: CINDY FLOWERS PRES 03/13/2008