FILED
08 OCT 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000008834

1. Corporation Name

Sunrays' Booster Club, Inc.

REINSTATEMENT 08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12420 SW 117 Court	12420 SW 117 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/6/2007

5. FEI Number: 26-1323435 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kramer & Rassner, P.A.

Street Address (P.O. Box Number is Not Acceptable): 7700 N. Kendall Drive

Suite, Apt. #, Etc.: Suite 510

City: Miami State: FL Zip Code: 33156

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 officers)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gina Aleman	12503 SW 104 Lane	Miami, FL 33186
TD	Sue Victoria	8646 SW 208 Terrace	Miami, FL
SD	Monica Gerritsen-Duenas	8760 SW 109 Street	Miami, FL 33176

10. I certify that I am an officer or director of the reporter or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing 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 contained in Chapter 119, 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.

SIGNATURE: Gina Aleman Gina Aleman, P/D 10/7/08 (786)512-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SUNRAYS' BOOSTER CLUB, INC.

Certificate of Status	0
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Page Count	01
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