

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000010006

1. Corporation Name

Booker T. Washington Alumni Athlete Club, Inc.

2. Principal Office Address- No P.O. Box #

20821 NW 30 court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33055

USA

3. Mailing Office Address

20821 NW 20 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33055

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/07

5. FEI Number

261243817

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Freddie Johnson

Street Address (P.O. Box Number is Not Acceptable)

20821 NW 30 Court

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33055

☒ 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 section 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

NOV-8-09

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

Titles	Name of Officers and/or Directors	Street Address of Each officer and/or Director	City/State/Zip
P	Freddie Johnson	20821 NW 30 Court	Miami, FL 33055
VP	Franklin Lewis	7721 NW 1st Avenue	Miami, FL 33150
S	Kathryn Hepburn	1340 NW 95 Street	Miami, FL 33147
T	Eugene Strachan	13452 NW 143rd Street	Miami, FL 33167

10. E-mail Address:

[Signature]

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 8-09

Date

Daytime Phone#

FILED
09 NOV 12 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/09--01037--028 **18.75
REINSTATEMENT 09
CR2E081 (10/09)