2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010874

Address:

City-St-Zip:

809 FOREST STREET

NOKOMIS, FL 34275

tity Name: VHS BOVS BASKETBALL BOOSTERS INC

FILED Nov 16, 2009 Secretary of State

Entity Name: VHS BOYS BASKETBALL BOOSTERS, INC.					
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1532 US 4 VENICE, F	1 BYPASS SO FL 34293	UTH #107			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
1532 US 4 VENICE, F	1 BYPASS SO FL 34293	UTH #107			
FEI Number	: 26-1415923	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
ROBERTS, GREGORY C 341 W VENICE AVE VENICE, FL 34285 US			FLERLAGE, NICK 645 APALACHICOLA I VENICE, FL 34285	645 APALACHICOLA RD	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: NICK FLERLAGE				11/16/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () FLERLAGE, NII 645 APALACHI VENICE, FL 34	COLA ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DAVIS, JAMES 707 EAST BAFI VENICE, FL 34	FIN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X REVELS, STEV 1502 PINE STE NOKOMIS, FL	REET EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCUMBER, S	HAMMOCK WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:) Delete FARLANE, CINDY	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: NICK FLERLAGE MR 11/16/2009