

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005798

FILED
Sep 28, 2009
Secretary of State

Entity Name: SHARK BAND BOOSTERS, INC.

Current Principal Place of Business:

757 NW 136 AVE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

757 NW 136 AVE
MIAMI, FL 33182

New Mailing Address:

FEI Number: 80-0438886 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:

ROJAS, ELEINE M
757 NW 136 AVE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: ELEINE ROJAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROJAS, ELAINE M
Address: 757 NW 136 AVE
City-St-Zip: MIAMI, FL 33182

Title: VP () Delete
Name: NICOLA, TATIANA
Address: 1411 SW 124 COURT UNIT D
City-St-Zip: MIAMI, FL 33184

Title: T () Delete
Name: SANDOVAL, CHARLENE
Address: 40 SW 113 COURT
City-St-Zip: MIAMI, FL 33174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROJAS, ELEINE M
Address: 757 NW 136 AVE
City-St-Zip: MIAMI, FL 33182

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: DONIS, DEBORAH
Address: 400 SW 125 AVE
City-St-Zip: MIAMI, FL 33184

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: ELEINE ROJAS

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date