

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \$726.25

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -7 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO9160

1. Corporation Name
The Optimist Club of Homestead/
Florida City, Inc. W98-9342

Principal Place of Business Mailing Address

Victor D. BALMECEDA
14906 S.W. 104th #55
MIAMI, FL. 33196

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

500002519585--5
-05/12/98--01016--026
****500.00 ****500.00
500002519585--5
-05/12/98--01016--027
****226.25 ****226.25

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/08/85 1985

5. FEI Number 59-615135B Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Victor BALMECEDA - "President"	14906 Sw 104th #55 Miami, FL. 33196	Miami FL. 33196
V/D	Rickie McCoy "Vice President"	16454 Sw 2945 St Homestead - FL. 33030	Homestead, FL 33030
T/D	Rose Mary Bowe Sec.	1375 S. Fieldlark Ln. Homestead - FL. 33035	Homestead - FL 33035
M/D	Saila R Gallego Treasurer	584 NW 2 St Homestead - FL 33034	Homestead FL 33034

8. Name and Address of Current Registered Agent

REINSTATEMENT 90-98
52 5-8-98

9. Name and Address of New Registered Agent

Name: Victor Balmeceada
Street Address (P.O. Box Number is Not Acceptable): 14906 S.W. 104th #55
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code: 33196

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 4/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Victor D. BALMECEDA [Signature] 4/28/98 (305) 247-4244 Daytime Phone #

CR2E040 (12/96)