

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

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

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/85 1985	
City & State		City & State		5. FEI Number	
Zip		Country		59-615135B	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 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		9. Name and Address of New Registered Agent	
REINSTATEMENT 90-98 52 5-8-98		Name Victor Balmececa	
		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]* Date: 4/23/98
 REGISTERED AGENT MUST SIGN

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)