

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 MAY -6 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**N26160**

1. Corporation Name

SCOTT LAKE ATHLETIC CLUB, INC

*[Handwritten initials]*

**REINSTATEMENT 01-02**

2. Principal Office Address

17710 NW 15<sup>th</sup> Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

3. Mailing Office Address

2951 NW 187<sup>th</sup> ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33056

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

650122677

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

**Sheronda Weems**

236.25-Adm

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

**7808 Orleans St.**

61.25-AR

Suite, Apt. #, Etc.

City

**Miramar**

State  
**FL**

Zip Code

**33023**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Handwritten Signature: Sheronda Weems]*

REGISTERED AGENT MUST SIGN

Date: **5-2-02**  
**700005578597**

05/25/02-01062-024

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

\*\*\*\*297.50 \*\*\*\*297.50

Titles	Name of Officers, and/or, Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Martin Maultsby	2230 NW 190 <sup>th</sup> Ter	Miami, FL 33056
VPD	Natelege Powell	2000 NW 187 <sup>th</sup> Ter	Miami, FL 33056
S	Cleola Home	2981 NW 187 <sup>th</sup> St.	Miami, FL 33056
TD	Sheronda Weems	7808 Orleans St.	Miramar, FL 33023
D	Larry Johnson	3420 Java Plum Ave	Miramar, FL 33025

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

*[Handwritten Signature: Sheronda Weems]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

Date

305 624-1495

Daytime Phone #

DR2E01 (9/01)