

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**04 OCT 19 PM 1:03**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N96000001401

1. Corporation Name

BUNCHE PARK SPORTS & COMMUNITY CLUB, INC.

2. Principal Office Address

15600 Bunche Park W. Dr.

3. Mailing Office Address

15600 Bunche Park W. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens, Fl

City & State

Miami Gardens, Fl

Zip

33054

Country

Dade

Zip

33054

Country

Dade

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified To Do Business in Florida

03-11-96

5. FEI Number

65-0666265

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

Herbert Lee Jones

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

3096 NW 102 street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

*Herbert L. Jones*

REGISTERED AGENT MUST SIGN

Date 10/13/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Herbert L. Jones	3096 NW 102 Street	Miami, Fl 33147
V/D	Eltoro Wallace	3520 SW 190 Terrace	Pembroke Pines Fl 33022
S/D	Sandra Reese	15600 Bunche Park W DR	miami gardens, fl 33055
T/D	Todd A. Smith	15600 Bunche Park W DR	Miami Gardens Fl 33054
S/D	Priscilla Moore-Hall	15600 Bunche Park W dr	Miami Gardens, Fl 33055

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:

*Herbert L. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04 305-542-2733

Date

Daytime Phone #