


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N960-000-021-07 1. Corporation Name CAROL CITY OPTIMIST CLUB, INC.			
2. Principal Office Address P.O. Box 1685 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1685 Suite, Apt. #, etc.	
City & State Carol City, FL Zip Country 33055 U.S.A.		City & State Carol City, FL Zip Country 33055 U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida 04/15/1996 5. FEI Number 26-4088-819 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Additional fee required for a Certificate of Status</small>			

FILED
 02 MAY 31 PM 12:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 800005766018--7
 -06/13/02--01071--023
 ****291.00 ****291.00
 REINSTATEMENT 01-07

7. Name and Address of Current Registered Agent Name: WAYNE NEAVER, JR. Street Address (P.O. Box Number is Not Acceptable): 19700 N.W. 40th Court Suite, Apt. #, Etc.: City: MIAMI State: FL Zip: 33055		
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291
 236.25-Adm
 54.75-GR
 6.00-Adm
 8.75-Cert
 714.75

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: <u>Wayne Neaver Jr.</u> Date: 04/23/2002 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) -06/13/02--01071--024 *****14.75 *****14.75			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
DS	TRINA M. Bell	4421 NW 19th St, MIAMI	MIAMI, FL 33055
DL	ANTHONY COLLINS	2712 Gulfstream Dr.	MIRAMAR, FL 33023
DM	WAYNE NEAVER, JR.	19700 NW 40th Court	MIAMI, FL 33055
DP	DARYL DENSON	700 NW 214th St, #2621	MIAMI, FL 33169
4/22/02 (305) 626-5959			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/01)