	PLEASE	READ A						ING THIS F	ORM.	
APF	PLICATION		FLORID	A DESAI	T IEN	T OF STATE ham				
DEIN	FOR STATEMENT			Secreta	of St	ate		F	ILEC)
	A 1	OSOOO		VISION DF	ODRPOR.	ATIONS	-			
DOCUMENT # N9600003975 1. Corporation Name							98 JAN 16 AM 9: 30			
IGERS C.	EDUCATIONAL	_ SPORTS	S AND C	CULTUI	RAL C	LUB, IN		SECRE! TALLAH	TARY OF S ASSEE, FL	TATE ORIDA
•	ace of Business	Malling Address								
1245 - S.W 1577H - 67. HAMILEL			MAMI FL							
-				S.W. 134TH CT., -FL 33177			DEIM	0***	/	1011
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							REINSTATEMENT //			
				To Do				porated or Qualified iness in Florida	07/30/19) 96
			. ,	Suite, Apt. #, etc.				5. FEI Number X Applied For		
City & State			City & State				6.	Not Applica 6. \$8.75 Additional Fee req		
Zip	Country		Zip		Country		CERTIFICAT	TE OF STATUS DESIRE	D of for a Ce	ertificate of Status
7. Names a	and Street Addresses of Ea		r Director (Flo	rida nonpro				1		
Title(s) 1	Name and/or 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				or	4	City / State / Zi	p	
D	SCOTT, ESMOND FOUNDER			14000 G.W. 176TH ST.				MIAMI FL 33157		
D	WALKER, REX CHAIRPE			11060 S.W. 176TH				MIAMI FL 33187		

Đ	YAP, BRUCE ADVISOR			11324 S.W. 157TH TERRACE				MIAMI FL 89490	33157	
Ď	GRIFFITH, RUDOLPH ADVISOR			19755 S.W. 134TH COURT				MIAMI FL 33177		
8	YAP, KARLENE			11324 S.W. 157TH TERRACE				MIAMI FL-88190 33157		
Ť	SCOTT, MARCIA			11060 S.W. 176TH ST. 11060 S.W. 176TH ST			ST	MIAMI FL 33157		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
GRIFFITH, RUDOLPH D						Name	(D.O. D. Al		ن رڪي سندن ني	,
19755 S.W. 134TH STREET $_{\mathrm{CT}}$, MIAMI FL 33177						Street Address (P.O. Box Number 1970) 10 10 10 10 10 10 10 10 10 10 10 10 10				
MINANI T	-L 33177					Suite, Apt. #, Et	c.	****23		**236.25
						City			State Zip	Code
	appointed the registered a	gent of the abov	e named corpo	oration, a m ا	familiar witi	h and accept the o	obligations of Sec	tion 607.0505, F.S.	110	20
Signature o Registered	Agent Kul	KION	SISTARED	ENT MUST	SIGN		 	Date 9 //	1417	6
11. Î Th	is corporation ov	<i>[</i>	UUV			ır <u> </u>		180	e other side for in	nformation
Int	angible Persona	l Property	/ tax due	June (30.	Yes 🗀	No 🛛	(36)	on intangible t	

12. 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OF PICER ON DIRECTOR

21/14/98 378-6207 Date Daylime Phone #