PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 24 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N97000004830

1. Corporation Name
A.G.A. BOOSTERS, INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
1013 S.E. HOLBROOK CT.	1013 S.E. HOLBROOK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PORT ST. LUCIE, FL.	PORT ST. LUCIE, FL.
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/25/1997

5. FEI Number: 65-0786969 — Applied For: | Not Applicable: X

6. CERTIFICATE OF STATUS DESIRED: ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLOTTE DORAN
Street Address (P.O. Box Number is Not Acceptable): 2811 S.E. EAGLE DR.
Suite, Apt. #, Etc.:
City: PORT ST. LUCIE | State: FL | Zip Code: 34984

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: Charlotte Doran — Date: Jan 21, 2005
REGISTERED AGENT MUST SIGN

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
PD	CHARLOTTE DORAN	2811 S.E. EAGLE DR.	PORT ST. LUCIE, FL. 34984
VD	SONJA LOPRESTI	207 S.W. MARATHON AVE.	PORT ST. LUCIE, FL. 34953
SD	LISA RHODES	2499 S.E. TRACY AVE.	PORT ST. LUCIE, FL. 34984
TD	LENETTE WRIGHT	1813 S.W. LOGAN ST.	PORT ST. LUCIE, FL. 34953
C	SHARI BLIZZARD	362 S.W. NABBLE AVE.	PORT ST. LUCIE, FL. 34953
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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.

772-873-9844

SIGNATURE: Sonja L. LoPresti — Sonja L. LoPresti — 1-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #