2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000004830

Entity Name: A.G.A. BOOSTERS, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1013 SE HOLBROOK CT PORT ST LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

1013 SE HOLBROOK CT PORT ST LUCIE, FL 34952

FEI Number: 65-0786969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, LENETTE PARKER, MERRILL

1013 SE HOLBROOK COURT 1013 SE HOLBROOK COURT PORT ST. LUCIE, FL 34953 US PORT ST. LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MERRILL PARKER 05/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 WRIGHT, LENETTE
 Name:
 PARKER, MERRILL

Address: 1013 SE HOLBROOK COURT Address: 1013 SE HOLBROOK COURT
City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VD () Delete Title: VD (X) Change () Addition

Name: DEGGINGER, SUE Name: VEITH, MARIA

Address: 1013 SE HOLBROOK COURT Address: 1013 SE HOLBROOK COURT City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: SD () Delete Title: () Change () Addition

 Name:
 SULLIVAN, LISA
 Name:

 Address:
 1013 SE HOLBROOK COURT
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 BLIZZARD, SHARI
 Name:

 Address:
 1013 SE HOLBROOK COURT
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERRILL PARKER PD 05/05/2008