

check # 0411403 866

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 31 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000205

1. Corporation Name

ISLANDERS CRICKET CLUB OF
MIAMI, INC.

700159082407
07/30/09--01056--005 **428.75

2. Principal Office Address - No P.O. Box #

8243 WINDSOR DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

8243 WINDSOR DRIVE
Suite, Apt. #, etc.

City & State

MIRAMAR FL
Zip Country

City & State

MIRAMAR FL
Zip Country

33025 U.S.A.

33025 U.S.A.

REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65 0737833

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
GARNETT WALKER

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

8243 WINDSOR DRIVE

Suite, Apt. #, Etc.

City
MIRAMAR

State Zip Code
FL 33025

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Garnett Walker

Date 07/23/09

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
P	ERNEST WHEATLEY	1930 NW 135th St MIAMI FL 33167	MIAMI FL 33167
VP	GARNETT WALKER	8243 WINDSOR DRIVE	MIRAMAR, FL 33025
T	GARTH DALEY	21001 NW 14th PLACE, UNIT 45	MIRAMAR, FL 33169
		7/8/3	

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 contained in Chapter 119, 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:

Ernest Wheatley

7 23 09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #