
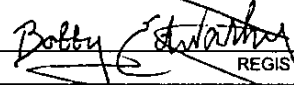
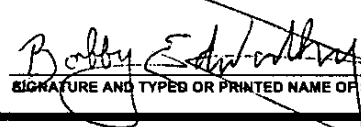


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS										
DOCUMENT # N 98000001373		06 APR 12 PM 2:28										
1. Corporation Name North West Broward Youth Football League, Inc.		200073761202 05/02/06--01062--024 **367.50 CR2E081 (12/05)										
2. Principal Office Address PO BOX 935198 Suite, Apt. #, etc.	3. Mailing Office Address PO BOX 935198 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 3/9/98 5. FEI Number 650818607 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	Applied For	Not Applicable								
Applied For												
Not Applicable												
City & State MARGATE, FL	City & State MARGATE, FL											
Zip 33093 Country USA	Zip 33093 Country USA											
7. Name and Address of Current Registered Agent												
<table border="1" style="width: 100%;"><tr><td colspan="2">Name Bobby Edworthy</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 8948 NW 27 STREET</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City Coral Springs</td><td><table border="1" style="width: 100%;"><tr><td>State FL</td><td>Zip Code 33065</td></tr></table></td></tr></table>			Name Bobby Edworthy		Street Address (P.O. Box Number is Not Acceptable) 8948 NW 27 STREET		Suite, Apt. #, Etc.		City Coral Springs	<table border="1" style="width: 100%;"><tr><td>State FL</td><td>Zip Code 33065</td></tr></table>	State FL	Zip Code 33065
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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  REGISTERED AGENT MUST SIGN		Date 4/11/06										
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	Bobby Edworthy	8948 NW 27 ST	Coral Springs, FL 33065									
VD	Richard Early	7401 NW 29 ST	Margate, FL 33063									
T	Dale Edworthy	6720 NW 16th ST	MARGATE, FL 33063									
SD	Helene Cola	4817 NW 9th ST	MARGATE, FL 33063									
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/11/06	Daytime Phone # (954) 755-7047									