

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 19 PH 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098 00000 2926

1. Corporation Name

Smashing Athletes Booster Club Inc.

REINSTATEMENT

CR2E081 (12/07)

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

12772 S.W. 20th Street

Suite, Apt. #, etc.

3. Mailing Office Address

12772 S.W. 20th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33175

Country

Dade

Zip

33175

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1998

5. FEI Number
650909411

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carmen Gotay

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

12772 S.W. 20th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

Carmen Gotay

Date 03/10/08

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
Preside	Maria Miranda	3125 S.W. 124 Pl.	Miami, FL. 33175
V.P.	Digna Hernandez Abello	12261 S.W. 30th St.	Miami, FL. 33175
Treasu	Coral Verez	4370 S.W. 146 Ct.	Miami, FL. 33175
Secret	Christina Gotay	10521 S.W. 157th Pl. Apt. 207	Miami, FL. 33196

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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 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:

Christina Gotay

Christina Gotay

03/10/08

305-323-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #