PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 10 AM 11: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98 000003617

1. Corporation Name

Boca Raton Mantas Booster Swim Club, Inc.

REINSTATEMENT

2. Principal Office Address

1698 SW 7th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip 33486   Country USA

3. Mailing Office Address

1698 SW 7th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip 33486   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/18/1998

5. FEI Number 65-0835856   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 Timothy Sharp

Street Address (P.O. Box Number is Not Acceptable)
1698 SW 7th Avenue

700021569697
07/16/03--01003--002 **48.25

Suite, Apt. #, Etc.

City Boca Raton FL   State FL   Zip Code 33486

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 _____   Date 6-28-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Timothy Sharp	1698 SW 7th Ave	Boca Raton FL 33486
Vice Pres	Dawn McCormick	2284 NW 36th St	Boca Raton FL 33431
Treasurer	Suzanne Heck	960 SW 17th Street	Boca Raton FL 33486

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.

SIGNATURE: _Suzanne Heck_ Suzanne Heck   6/28/03   561 417-4929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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