

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 12 AM 10:25

DOCUMENT # N99000000318

1. Corporation Name

VIKINGS TRACK BOOSTER CLUB, INC.

2. Principal Office Address

1050 N.W. 195th St.

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33169

Country

U.S.A.

3. Mailing Office Address

P.O. Box 350034

Suite, Apt. #, etc.

N/A

City & State

Ft. Lauderdale, FL

Zip

33335

Country

U.S.A.

REINSTATEMENT

20008

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

Jan. 19, 1999

5. FEI Number

65-0903976

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

Abe A. Bailey, Esquire

000003746410-4

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

18350 N.W. 2nd Avenue, 5th Floor

02/21/01-01123-003
****297.50 ****297.50

Suite, Apt. #, Etc.

5th Floor

City

Miami

State
FL

Zip Code

33169

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

02/07/2001

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
President	Deanne Edman	701 NW 210 th St, #218	Miami, FL 33169
Vice Pres.	Sherryll Simmons	17121 NW 12 th Ave	Miami, FL 33169
Treasurer	Doris Johnson	2031 NW 184 th St.	Miami, FL 33056
Secretary	Brenda Montgomery	6960 SW 36 th St.	Miramar, FL 33023

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:

Deanne Edman - Deanne Edman

2/7/01

(305) 651-3914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #