

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003907

FILED
Sep 09, 2005
Secretary of State

Entity Name: SPIRIT OF FLORIDA BOBSLED TEAM, INC.

Current Principal Place of Business:

1920 N.E. 28 AVE.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1920 N.E. 28 AVE.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0940028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAUSMANN, NANCY
1920 N.E. 28 AVE.
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NANCY HAUSMANN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAUSMANN, NANCY
Address: 1920 N.E. 28 AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: HAUSMANN, PHIL
Address: 1920 N.E. 28 AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SCHONBORN, MAUREEN
Address: 5040 NE 22 AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CABRERA, MAGDALIA
Address: 4915 NW 24 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HAUSMANN

D

09/09/2005

Electronic Signature of Signing Officer or Director

Date