

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005126	
1. Entity Name HOLLYWOOD CHALLENGERS SPORTS & ARTS CLUB, INC.	
Principal Place of Business WATERFORD PARK DAVIE, FL 33331	Mailing Address 5820 SURREY CIR. EAST DAVIE, FL 33331



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 PM 3:07

2. Principal Place of Business WATERFORD PARK		3. Mailing Address 5461 LANCELOT LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33331	Country BROWARD	Zip 33331	Country BROWARD



10192004 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0945892		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

300042160703
10/25/04--01072--007 **\$61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$81.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABU, KURIAN 10226 SW 58 ST. COOPER CITY, FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE OUSEPH 5461 LANCELOT LANE DAVIE FL-33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUGUSTY, JOSEPH 5500 SW 91 TERR. COOPER CITY, FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH VARGHESE 15655 CHILLINGS WORTH CT DAVIE FL-33331 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEMPALA, JOSE 5720 BRIARWOOD WAY DAVIE, FL 33331 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOB VARGHESE 5957 S.W 114 AVE COOPER CITY FL-33330 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP, JOHN 606 NW 102 WAY PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP JOHN 5463 SW 101 TER COOPER CITY FL 33328 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEMPALA, MATHAI 5740 BRIARWOOD WAY DAVIE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEMPALA MATHAI 5740 BRIARWOOD WAY DAVIE FL-33331 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUSEPH, JOSE 5461 LANCELOT LANE DAVIE, FL 33331 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABU KURIAN 12564 67th ST. W WEST PALM BEACH FL-33412 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 10/21/04 Daytime Phone # _____

10/27/04