PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -6 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005256

1. Corporation Name
WESTON WARRIOR LACROSSE CLUB, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
440 LAKEVIEW DR		318 INDIAN TRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UNIT #101		PMB - 600	
City & State		City & State	
WESTON	FL	WESTON	FL
Zip	Country	Zip	Country
33326	USA	33326-2996	USA

4. Date Incorporated or Qualified To Do Business in Florida SEPT. 9, 1999

5. FEI Number 65-0944927 ☐ 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: GERARD FERRI

600039944766
08/06/04--01025--001 **297.50

Street Address (P.O. Box Number is Not Acceptable): 829 MARINA DRIVE

Suite, Apt. #, Etc.:

City: WESTON | State: FL | Zip Code: 33327-2125

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 7-24-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	RICHARD BARBA	440 LAKEVIEW DR. #101	WESTON FL 33326
VD	PATRICK FELTON	1600 TOWN CENTER BLVD. SUITE C	WESTON FL 33326
TD	JENNA WEISBERG	1230 REFLECTING WAY	WESTON FL 33327
S	PAUL ZACHARSKI	605 PALM BLVD.	WESTON FL 33326

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: _____ 7/26/04 305-406-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #