

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005956 1. Entity Name HOMESTEAD SOCCER CLUB, INC.						<div style="text-align: right;">FILED</div> <div style="text-align: right;">06 JAN -9 PM 12:13</div> <div style="text-align: right;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 16820 SW 278TH ST HOMESTEAD, FL 33031				Mailing Address 16820 SW 278TH ST HOMESTEAD, FL 33031			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AGRAIT, THOMAS 16820 SW 278TH ST HOMESTEAD, FL 33031				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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.							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 12/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGRAIT, THOMAS 16820 SW 278TH ST HOMESTEAD, FL 33031			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra Ramirez 19800 SW 180TH AVE #564 Miami, Florida 33187		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PAUL, SCOTT 3741 FLAGLER AVE KEY WEST, FL 33040			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra Ramirez 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD TIERNEY, BARRY 14 MARLIN AVE KEY LARGO, FL 33037			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100063555481 01/12/06--01040--004 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 12/14/05 <small>Date</small>			
PHONE: (305) 216-4532 <small>Daytime Phone #</small>							