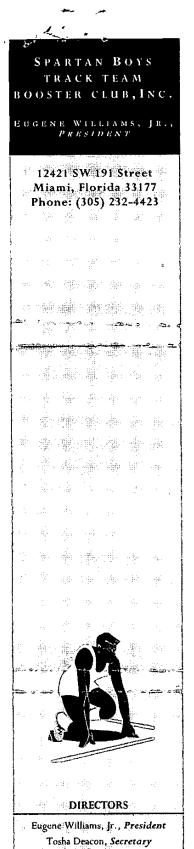
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<u> </u>		
CORPORATION FL	ORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	07 MAR 23 AM 10: 52
	. 13950	FANLLAMI OF STATE TALEAMASSEE, FLORIDA
DOCUMENT # PO5000	01-75	
1. Corporation Name Sparta Boys Track	c Team Booth Club, In	
3		
		07-10-06 90025 016 \$ 150.5 REINSTATEMENT 06-07 4. Date Incorporated or Qualified 1/2
	Mailing Office Address	07-10-06 10000
124 21 5W 19/54. Suite, Apt. #, etc. Si	12421 SW 1915f.	REINSTATEMENT OF O
		4. Date Incorporated or Qualified 7
City & State	ity, & State	To Do Business in Florida /2 6/05 5. FEI Number Applied For
Miani, FL	Mi, FL	25-190 8997 Not Applicable
33177 Country USA	33177 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Cur	rrent Registered Agent	
Name CSC		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)	1 51.	Tcrcumstances which the entity did not receive the prior notices. By checking this box, you
	tages Street	are certifying the prior notices were not
		received and requesting the reinstatement fee be waived.
City Tallahasseo	State Zip Code FL 323 3 \(\)	
8. I, being appointed the registered agent of the above no		bligations of section 607.0505 or 617.0503, F.S.
Signature of		800095803138 04/04/07 ₂₀₀ 01044006 **150.00
Registered AgentREGIS	TERED AGENT MUST SIGN	0 / 0 // 0 Date 01041 000 0**130.00
9. Names and Street Addresses of Each Officer and/or 0	Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Pra Exgene Williams	JR. 12421 SW 191	st. Mi, 12 33177
Ins. Lois Waglet	10521 5016	454 Miani, FC 33151
Sec. Altamese Knigh	t 9040 SW 188	Ter Miam, FL
2	,	
127/29		
0,3/0		
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 contained in Chapter 119, 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: SIGNATURE AND TYPED GRIPPIINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		



Lois Wright, Treasurer

Rodney Wright, Head Coach Carolyn Howard, Fundraising Chair March 3, 2007

Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

RE: Spartan Boys Track Team Booster Club, Inc.

TO WHOM IT MAY CONCERN:

In October, 2005, the office at 15321 S Dixie Hwy, Suite 302, Miami, FL, 33157 closed permanently.

In 2006, the Treasurer sent the Annual Dues. However, it has come to our attention that she failed to include the FEI Number and when the Division wrote back for such information, the letter was not received.

Therefore, pursuant to the instructions given to us, we have enclosed the Reinstatement form and a check for this year's Annual Dues fees. We request that the Reinstatement fee be waived, since we did not receive the letter from last year.

Thank you for your assistance.

Yours truly,

Eyer Wielan, Gr. Eugene Williams, Jr.

President

Enclosures