ADPLICATION EOR REINSTATEMENT	ALL INSTR		T OF STATE ris ate		ING THIS FORM FILE SECRETARY I OLVISION OF CO		
DOCUMENT # P9800041465 1. Corporation Name				00 JAN 10 AM 11: 47			
COACH D'S BASKETBALL CA	MP INC.						
Principal Place of Business Mailing Address				/ - 	1 4 1818) 1811) 68211 6811) 88311 88121	ALAAL HUL ATTU NUUL NUU ING A	
P.O. BOX 562436 P.O. BOX 562436 MIAMI FL 33256-2436 MIAMI FL 33256-2436 MIAMI FL 33256-2436							
If above addresses are incorrect in any way, line thr		mation and enter co	rrection below.	i			
2. New Principal Office Address, If Applicable 3. New Mailing Office Address,				4. Date Incorporated or Qualified To Do Business in Florida 05/05/1998			
Suite, Apt. #, etc. Suite,		pt. #, etc.		±5FEI.Number Applied For			
City & State					<u>3984D</u>	Not Applicable	
Zip Country	Zip	Country		6. CERTIFICAT	E OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers	or Director (Florida	Stree	t Address of Eacl	h	City	State / Zip	
1 2 3				4			
			90	AR	-01/12/00 ****150.00	****150.00	
8. Name and Address of Current	Registered Agent		Name	9. Name and	Address of New Registere		
DELAGRANA, OCTAVIO 9031 SW 45 STREET MIAMI FL 33165			Name 66 Street Address (P.O. Box Number is Not Acceptable) 80 Suite, Apt. #, Etc. 00				
City				FL			
10. I, being appointed the registered agent of the abo Signature of Registered Agent	Dive named corporation	REQU		bligations of Sec	tion 607.0505, F.S. Date <u>10 (27 (</u>	99	
11. I certify that I am an officer or director or the receinthis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my since the second	olution has been eli names of individual	iminated, the corpor Is listed on this form	ate name satisfies do not qualify for	the requirements an exemption ur	s of section 607.0401 or 613	7.0401, F.S., that all fees	
SIGNATURE SIGNATURE AND TYPED OF PRI	ROCTR	RIQ DR	EA GEA	wA-	10 22 49 3 Date	05-207-0506 Daytime Phone #	

Westminster Christian Basketball

10/27/99

HEADCOACH OCTAVIO DE LA GRANA

To. FLA. DEPT. OF STATE Division of Colporations.

AS A NEWLY FORMED LORPORAtion, IDio NOT PECENE A 95T OR 2ND Notice Notifying me of an Experation. I ASU Respectfully that you Please maine The Revent fee, And Accept my Application And \$ 150.00 Dollares Revence; with this Encloses Level..

THOME-you D. Jehr barn

COACH D'S BASKETBAIL CAMP. K.O. BOX 562436 Miani, Fl. 33256-2436 PHONE # 305-207-0504

6855 S.W. 152nd STREET, MIAMI, FLORIDA 33157 • (305)233-2030 Ext 216 / FAX (305)238-2259