

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107356

1. Corporation Name

DADE & BROWARD COACHING SERVICE INC.

19900 NW 32 Ave.

19900 NW 32 Ave.

2. Principal Office Address

19900 NW 32 Ave.

3. Mailing Office Address

19900 NW 32 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens Florida

City & State

Miami Gardens Florida

Zip

33056

Country

USA

Zip

33056

Country

USA

REINSTATEMENT

DD-04

4. Date incorporated or Qualified

To Do Business in Florida 12/10/99

5. FEI Number

65-0968207

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

Archie Lankford III

Street Address (P.O. Box Number is Not Acceptable)

19900 NW 32 Ave.

Suite, Apt. #, Etc.

City

Miami Gardens

State
FL

Zip Code

33056

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-12-05

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
P \ T	Archie Lankford III	19900 NW 32 Ave.	Miami Gardens, Florida 33056
V \ S	Keith T. Lankford	4317 SW 27 St.	W. Hollywood, Florida 33023

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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)(f), 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:

Keith Lankford / Keith Lankford

1-12-05

(305) 759-3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)