PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 717570

1. Corporation Name
Largo High Band Boosters, Inc.

2. Principal Office Address	**3.** Mailing Office Address
410 Missouri Ave	P.O. BOX 1738
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, FL	City & State: Largo, FL
Zip: 33770 Country: USA	Zip: 33779 Country: USA

REINSTATEMENT 9918

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/69

5. FEI Number: 237299702 ☐ 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: Michaeline Whitney

Street Address (P.O. Box Number is Not Acceptable): 2052 59th Way No.

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33760

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****297.50 ****297.50

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: Michaeline K. Whitney Date: 9/1/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres.	Michaeline Whitney (D)	2052 59th Way No.	Clearwater, FL 33760
Vice Pres	Sue Buehler (D)	1431 Sunny Park Dr.	Clearwater, FL 33756
2nd V. Pres	Lu Cushing	2069 Ashbury Dr.	Clearwater, FL 33764
Treas.	Debbie Cardone (D)	4053 Harbor Hills Dr.	Largo, FL 33770
Secy	Kathy Sabbides	700 Orange View Dr.	Largo, FL 33778

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 the reason for 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., and 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: Debbie Cardone Debbie Cardone 8/31/00 (727) 586-1818 ext. 3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #