

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 28 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **726521**

1. Corporation Name

FOREST HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

1614 SE FT KING ST
 OCALA FL 34471
 US

C/O FOREST HIGH SCHOOL
 1614 SE FT KING ST
 OCALA FL 34471
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *99*

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1973

5. FEI Number

59-2463574

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP/D	DANGELO, THERESA	2840 SE 8TH ST	OCALA FL 34471
VP/D	MARINO, PHYLLIS	1981 SW 52ND CT	OCALA FL
T	DAVIS, AURALEC	3809 SE 17TH ST	OCALA FL 34471
D	BARAT, SHAWN	1614 SE FT KING STREET	OCALA FL
T/D	George Cantwell	1953 SE 14th Ave	Ocala, FL 34471
S	GRAHAM, KATHY	3831 SE 11TH ST	OCALA FL 34471
S/D	Irene Post	7440 SW 10th St.	Ocala, FL 34474
P/D	Dean Aschliman	421 NE 48th Ave	Ocala, FL 34471

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARAT, SHAWN
 1614 SE FT. KING STREET
 OCALA FL 34471

Name: Jody Alexander
 Street Address (P.O. Box Number is Not Acceptable)
1614 SE Ft. King Street
 Suite, Apt. #, Etc.
700003090297--0
 City: Ocala
 State: FL Code: 014
 ZIP: 32609 Date: 12/28/99

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-6-99

11. 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)(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:

[Signature]
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dean E. Aschliman, President/Director

Date 12-6-99 Daytime Phone # 352-236-3264

Date Daytime Phone #

KE