PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 19 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756004**

1. Corporation Name

**THE LEON HIGH SCHOOL FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 550 E TENNESSEE STREET<br>TALLAHASSEE FL 32308 | ~~550 E TENNESSEE STREET~~<br>~~TALLAHASSEE FL 32308~~ |

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. P.O. Box 15963 | |
| City & State | | City & State TALLAHASSEE, FL | |
| Zip | Country | Zip 32317 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida: 01/09/1981

5. FEI Number: 58-9113986 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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 |
|---|---|---|---|
| DP | ROSEN, MARY A | 3038 HAWKS GLEN | TALLAHASSEE FL 32312 |
| DVP | MILLS, DON | 2603 MAYFIELD AVE | TALLAHASSEE FL 32312 |
| DT | ~~COOKE IV, JAMES C~~ J. RANDALL GRAHAM | ~~1743 MAHAN DR~~ 1616 METROPOLITAN CIRCLE | TALLAHASSEE FL 32308 |
| DS | HOBBY, LATRELLE | 672 SHADEVILLE RD | CRAWFORDVILLE FL 32327 |
| | | | |
| | | | |

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8. Name and Address of Current Registered Agent

CULPEPPER, BRUCE
301 N BRONOUGH ST
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

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 LATRELLE Hobby 11/19/02 850/701-0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #