PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N00000002064

1. Corporation Name
OVIEDO HIGH SCHOOL NJROTC BOOSTER CLUB, INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
601 KING ST.	601 KING ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO, FLORIDA	City & State: OVIEDO, FLORIDA
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/24/2000

5. FEI Number: 59-3633590 ☐ 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: Joseph F. NARDO

Street Address (P.O. Box Number is Not Acceptable): 1191 Newton Court

Suite, Apt. #, Etc.:

City: Winter Springs State: FL Zip Code: 32708

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: J. F. Nardo Colonel USMC Date: 04 SEP 2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	JEFF WESTBROOK	3082 WOLFE CT.	OVIEDO,FL 32765
VD	ED RUPING	1080 MANIGAN AVE.	OVIEDO,FL 32765
SD	LORI PANTOLIANO	1017 GWYN CIRCLE	OVIEDO,FL 32765
TD	B.J. SANDERSON-BLUE	2087 WESTBOURNE DR.	OVIEDO,FL 32765

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)(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] 9-5-02 407-579-7959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #