

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **N97000001228**

1. Corporation Name

TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.

Principal Place of Business

Mailing Address

603 NORTH NEW HAMPSHIRE AVENUE
 TAVARES, FL 32778

603 NORTH NEW HAMPSHIRE AVENUE
 TAVARES FL 32778



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3457201

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	GAMBLE, SAMUEL Watkins, Craig	812 W MAUD ST 315 E. Croton Way	TAVARES FL 32778 Howey, FL 34737
VPD	KOZINKO, LISA Hodges, Will	113 E DELAWARE ST 37147 CR 452	TAVARES FL 32778 Eustis, FL 32735
S	COGGINS, ELLEN	603 N NEW HAMPSHIRE	TAVARES FL 32778
TD	WITSMAN, MR. C	603 N NEW HAMPSHIRE	TAVARES FL 32778
D	WATKINS, CRAIG	315 E CROTON WAY	HOWEY IN THE HILLS FL 34737
D	FARLEY, BARRY	200 BRYAN ST	EUSTIS FL 32726

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GAMBLE, SAMUEL~~
~~812 W MAUD ST~~
~~TAVARES FL 32778~~

Charles Witsman
 9741 Fairway Circle
 Leesburg, FL 34788

Name

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

Suite, Apt. #, Etc.

City

300024474533

11/06/03--01013--00 FL #245.00

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

Charles Witsman

REGISTERED AGENT MUST SIGN

Date

11-4-03

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)(l), 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:

Charles Witsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-03

Date

352
 343-3007

Daytime Phone #

CR2E040 (7/03)