

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV -1 PM 2:49

DOCUMENT # **N97000004223**

1. Corporation Name

**BOYS & GIRLS CLUB OF HIGHLANDS COUNTY, INC.**

Principal Place of Business

Mailing Address

2221 U.S. 27 SOUTH  
 SEBRING FL 33870

2221 U.S. 27 SOUTH  
 SEBRING FL 33870



**REINSTATEMENT**

99

If above addresses are incorrect in any way, line through incorrect information and enter correct as follows.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>07/24/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>50-3468588</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	DELL, PAT	2221 U.S. 27 SOUTH	SEBRING FL 33870
D	DECERBO, JOE	2221 U.S. 27 SOUTH	SEBRING FL 33870
D	ROSE, GLENN	2221 U.S. 27 SOUTH	SEBRING FL 33870
D	QUIGLEY, MICHAEL	2221 U.S. 27 SOUTH	SEBRING FL 33870
D	CARUSO, JOHN	2221 U.S. 27 SOUTH	SEBRING FL 33870

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOSSETT, GARY R JR  
 2221 U.S. 27 SOUTH  
 SEBRING FL 33870

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City

**311000038643--4**  
**11/09/99-01003-001**  
**\*\*\*236.25 \*\*\*236.25**

State **FL** Zip Code

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: *Gary R. Gossett* Date 10-28-99  
 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: *Gary R. Gossett* Date 10-28-99 Daytime Phone # 863-471-1119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRCE040 (8/95)

AD