	PLICATION OF AT JULY 1	FLORI		ENT OF STATE ortham State	OMPLET	TING THIS FORM	1.	
DOC	UMENT# N192	, <u> </u>	!	'	FILED			
1	ation Name		:	96 NOV -7 PM 3: 01				
SHAR	K BOOSTER CLUB, INC			SE	CRETARY OF STAT	E.		
Principal Place of Business Mailing Ar			dress		IAL	LAHASSEE, FLORI	<i>)</i> A	
US	<del>VENUE -</del> COLA FL 32320	APALACHIO US	TITO 157H ST  35-267H AVENUE  APALACHICOLA FL 32320  US  ugh incorrect information and enter correction below.			900020018090 -11/12/9601024011 *****61.25 *****61.25		
2. New Principal Office Address, If Applicable 211-13TH STREET			New Mailing Office Address, If Applicable 211-13TH STREET			porated or Qualified		
Suite, Apt. #, etc. Suite, Ap			. #, etc.		5. FEI Numbe		2/16/1987	
APALACHICOLA, FL 32320 Chy & S APAL			ACHICOLA, FL 32320			59-2442880	Applied For Not Applicable	
Zip 323	320 Country US	Zip 32320	1 0		6. CERTIFICATI	E OF STATUS DESIRED S8	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)  Name of Officers Street Address of Each								
1_//	1 and/or Directors			Officer and/or Director  (Do NOT Use Post Office Box Numbers)		City / St	ate / Zip	
84.	SA JOHNSON, MARCIA M MARKS, NINA		-GIBSON RO- BAY CITY ROAD		APALACHICOLA FL			
TD	-LEMIEUX,-MONICA-M		110-15TH ST			APALACHICOLA FL		
O'NEAL, SHERRY PD -LANER-LOYCE			211-13TH ST					
PD -LANIER, LOYCE ESTES, ROBERT			AVE B - 1007 BLUFF ROAD		APALACHICOLA FL			
VPD BUTLER; OLIFF			8TH STREET			APALACHICOLA FL		
	MIRABELLA, ALFIA		64 AVENUE	D				
	8. Name and Address of Current R						Broken .	
I CLIICI		egistered Age		Name		ddress of New Registered	· · · · · · · · · · · · · · · · · · ·	
LEMIEUX, MONICA M 110 15TH ST APALACHICOLA FL 32320				O'NEAL, SHERRY  Street Address (P.O. Box Number is Not Acceptable)  21113TH STREET  Suite, Apt. #, Etc.				
10. I, being appointed the registered agen of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							1 ' '	
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 9/34/94			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)								
12. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								



October 25, 1996

Mr. Sean Toner
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed is our application for reinstatement along with your letter requesting additional fees of \$61.25 and \$138.75. Please note on your paperwork that the address where this and the original paperwork were sent was 35 26th Avenue, which is the address of our former treasurer. During the 1995-96 year, I was the treasurer and my address of 110 15th Street was noted properly as the registered agent and the principal place of business. We do not know how your office put both addresses on the paperwork.

The former treasurer did not give us this paperwork until last month, and we immediately sent it in. Please consider revocation of the dissolution and waiver of the fees of \$61.25 and \$138.75 since we did not receive proper notice. Your assistance will be most appreciated as we are a non profit organization and we need all our funds to go toward the athletic teams at our small high school.

Sincerely,

Monica M. Lemieux former treasurer

Sherry P. O'Neal current treasurer