

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000005864

1. Corporation Name

TORNADO TOUCHDOWN BOOSTER CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:34

Principal Place of Business

540 HERCULES AVE.  
CLEARWATER FL 33764

Mailing Address

~~540 HERCULES AVE.~~ PO Box 8112  
~~CLEARWATER FL 33764~~ Clearwater, FL  
33758-8112



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1998

5. FEI Number

59-3174857

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
Director	Rose Greenwood	1178 NE Cleveland St. Clearwater FL 33755	Clearwater FL 33755
Director	Vickie Anderson	1537 Lakeview Rd Clearwater, FL 33756	Clearwater, FL 33756
Director	Andy Anderson	1537 Lakeview Rd	Clearwater, FL 33756
			500003277735--6 -06/06/00--01037--004 ****306.25 ****306.25
			APR 125

8. Name and Address of Current Registered Agent

~~BOSTIC, TOM~~ Rose Greenwood  
~~2008 WINDING OAKS DR.~~ 1178 NE Cleveland St.  
~~PALM HARBOR FL 34883~~ Clearwater FL 33755

9. Name and Address of New Registered Agent

Name  
Rose Greenwood  
Street Address (P.O. Box Number is Not Acceptable)  
1178 NE Cleveland St  
Suite, Apt. #, Etc.  
City  
Clearwater  
State  
FL  
Zip Code  
33755

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

*Rose M. Greenwood*  
REGISTERED AGENT MUST SIGN

Date 3/2/00

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:

*Rose M. Greenwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose M. Greenwood

3/2/00 727-298-5524  
Date Daytime Phone #