

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 7:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 10/30/02--01047--001 **241.25

DOCUMENT # **715770**

1. Corporation Name
SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2701 RIDGEWOOD AVE 2701 RIDGEWOOD AVE
 SANFORD FL 32773-4999 SANFORD FL 32773-4999



REINSTATEMENT 02

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	
Suite, Apt. #, etc.		P.O. Box 952461		12/20/1968	
City & State		Lake Mary		5. FEI Number	
Zip		32795-2461		59-6153333	
Country		USA		Applied For	
				Not Applicable	
				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
PD	BONG, DARCY J EUGENIO SEDA	322 RUTH BLVD 116 Oakland Ave	LONGWOOD FL 32750 Sanford, FL 32773
VD	GRIMES, PATTI THERESA S. SEDA	844 MONROE HAGBOR PL 116 Oakland Ave	SANFORD FL 32771 Sanford, FL 32773
SD	CORBELL ANN ANN GITZKE	364 SPRUCEWOOD COURT 2901 S. Park Ave	LAKE MARY FL 32746 Sanford, FL 32773
TD	EDWARDS, SHARON AILEEN VALENTIN	329 HIDDEN LAKE DRIVE 306 Beverly Ct.	SANFORD FL 32773 Sanford, FL 32773

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BONG, DARCY J EUGENIO SEDA 322 RUTH BLVD. LONGWOOD FL 32750		Name EUGENIO SEDA	
116 OAKLAND AVE SANFORD, FL 32773		Street Address (P.O. Box Number is Not Acceptable) 116 OAKLAND AVENUE	
		Suite, Apt. #, Etc.	
		City SANFORD	
		State FL	
		Zip Code 32773	

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 _____ **SIGNATURE REQUIRED** _____ Date 10-28-02
 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: **SIGNATURE REQUIRED** _____ Date 10.28.02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # 907.314.3214

CR2E040 (8/02)