2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22533

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TD

STALL, JANA

DAVIS, BARRY

() Delete

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1700 BLOOMINGDALE AVE E

1700 BLOOMINGDALE AVE E

VALRICO, FL 335996220

VALRICO, FL 335946220

FILED Oct 25, 2004 Secretary of State

Entity Name: BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: BLOOMINGDALE HIGH SCHOOL 1700 BLOOMINGDALE AVE. E. VALRICO, FL 335946220 US **New Mailing Address: Current Mailing Address: BLOOMINGDALE HIGH SCHOOL** 1700 BLOOMINGDALE AVE. E. VALRICO, FL 335946220 US FEI Number: 59-2836461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, BARRY 1700 E. BLOMINGDALE AVE. VALRICO, FL 33594 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HEATH, LINDA BRYAN, STEVE Name: Name: 1700 BLOOMINGDALE AVE E Address: 1700 BLOOMINGDALE AVE E Address: City-St-Zip: VALRICO, FL 335946220 City-St-Zip: VALRICO, FL 335946220 Title: VD Title: VD (X) Change () Addition () Delete BOYD, STEVE Name: BEASLEY, STEVE Name: Address: 1700 BLOOMINGDALE AVE E Address: 1700 BLOOMINGDALE AVE E City-St-Zip: VALRICO, FL 335946220 City-St-Zip: VALRICO, FL 335946220 Title: () Delete Title: () Change () Addition MILLER, EMMAJANE Name: Name: 1700 BLOOMINGDALE AVE E Address: Address: City-St-Zip: VALRICO, FL 335946220 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TD

KONDO, BRAD

NICHOLS, JERRY

1700 BLOOMINGDALE AVE E

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VALRICO, FL 335996220

VALRICO, FL 335946220

(X) Change () Addition

(X) Change () Addition

SIGNATURE: BRAD KONDO TD 10/25/2004