

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730960

1. Corporation Name

GULF HIGH ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business

5355 SCHOOL RD.
NEW PORT RICHEY FL 34656

Mailing Address

P.O. BOX 652
NEW PORT RICHEY FL 34656-0652

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

10/24/1974

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	RALPH CIPER	2840 RAVEN DRIVE	HOLIDAY FL 34690
TD	WADE, SYLVIA	5017 SHERWOOD DRIVE	NEW PORT RICHEY FL
SD	KOWALSKI, GYNTHIA	1816 FONT LANE	HOLIDAY FL
V	FARRINGTON, NANCY	6326 KINGS COURT	NEW PORT RICHEY FL
TD	CATHY WESTMORELAND	5027 Riddle Rd.	Holiday, FL 34690
SD	MICHELE MUTZ	4838 ACKERMAN ST.	NEW PORT RICHEY, FL 34652

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SYLVIA L. WADE~~ ~~500002080155--6~~
~~5017 SHERWOOD DR.~~ ~~-02/06/97--01051--010~~
~~NEW PORT RICHEY FL 34655~~ ~~****401.25 ****401.25~~

Name: CATHY WESTMORELAND
Street Address (P.O. Box Number is Not Acceptable): 5027 RIDDLE RD.
Suite, Apt. #, Etc.: Holiday
City: Holiday

State

FL

Zip Code

34690

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

REGISTERED AGENT MUST SIGN

Date

Dec 10, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHY WESTMORELAND

Date

Dec. 10, '96

Daytime Phone #

813 934-7107



REINSTATEMENT 96197

FILED
97 FEB -4 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mwb

CR2E040 (7/96)