

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 730960

1. Corporation Name

GULF HIGH ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business

Mailing Address

5355 SCHOOL RD.
NEW PORT RICHEY FL 34656

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 3	City / State / Zip 4
PD D	Mary Ann Mendonca	5609 Westshore Drive	NEW PORT RICHEY FL 34652
TD D	Sylvia L. Wade	5017 Sherwood Drive	New Port Richey, FL. 34652
VP D	Carrie Marinakis	3820 Floramar Terrace	NEW PORT RICHEY FL 34652
			980005283319--2 1 -04/17/02--01011--006 ***306.25 ***306.25
			REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Sylvia L. Wade
Street Address (P.O. Box Number is Not Acceptable) 5017 Sherwood Drive
Suite, Apt. #, Etc.
City New Port Richey
State FL
Zip Code 34652

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 02/14/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/02

Date

727-774-8004

Daytime Phone #

CR2E040 (8/01)