

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 747589

1. Corporation Name

SEMINOLE WARHAWK FOOTBALL BOOSTERS, INC.

Principal Place of Business

Mailing Address

8410 131ST STREET NORTH
P.O. BOX 3451
SEMINOLE FL 33775
US

8410 131ST STREET NORTH
P.O. BOX 3451
SEMINOLE FL 33775
US

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

78

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1979

5. FEI Number

59-1943902

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 Officers and/or Directors (Florida 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	POWERS, CAROL	13820 88 AVE N	SEMINOLE FL 33772
VPD	WILLIAMS, LEONARD	11780 129 AVE N	LARGO FL 33778
SD	OSTOW, PAULA	14503 87 AVE N	SEMINOLE FL 33776
TD TD	PARVIS, VICKI FRAIN, DEBBIE	13927 83RD PLACE 14281 82nd AVE N	SEMINOLE FL 33776 SEMINOLE FL 33776
D	WILSON, ANNE	12744 91 AVE N	SEMINOLE FL 33776
D	LAYFIELD, JAMES	9931 INDIAN KEY TRAIL	SEMINOLE FL 33776

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KESLER, DAVID B.
1135 PASADENA AVENUE SOUTH
ST.PETERBURG FL 33707

Name

FRAIN, DEBBIE

Street Address (P.O. Box Number is Not Acceptable)

14281 82nd AVENUE NORTH

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

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

Date 11/15/00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL W. POWERS

11/15/00

Date

Daytime Phone #