

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 # 760800

1. Corporation Name

Leon High School Baseball Boosters Club

W98-11890

Principal Place of Business

1520 Argonne Rd
Tallahassee, FL 32312

Mailing Address

P. O. Box 38571
Tallahassee, FL 32315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8054 Jordan Court

Suite, Apt. #, Etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #

City & State

Tallahassee, FL

Zip

32308

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11/23/1981

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Robert Chomat	616 Forest Lair	Tallahassee, FL 32312
VP	Mike Sills	7891 McClure Drive	Tallahassee, FL 32312
VP	Robert Read	7896 McClure Drive	Tallahassee, FL 32312
T	Frances Provost	8054 Jordan Court	Tallahassee, FL 32308
S	Linda Brooks	2328 Haverhill Rd.	Tallahassee, FL 32312
VP	Charley Redding	2008 Dogwood Hill	Tallahassee, FL 32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Toulon, Nat
1005 Kenilworth Road
Tallahassee, FL 32312

Name

Frances D. Provost

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

8054 Jordan Court

Suite, Apt. #, Etc.

City
Tallahassee

300002557299-2
-06/11/98-01087-009

6651916
FL 32308-00

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

Frances D. Provost

REGISTERED AGENT MUST SIGN

Date 051998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Frances D. Provost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances D. Provost

051998 850 6681939

Date

Daytime Phone #

CR2E040 (1/98)