

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 29 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 765847

**1. Corporation Name**

Jay High School Band Boosters, Inc.

**2. Principal Office Address**

4955 S. Alabama Street

Suite, Apt. #, etc.

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City & State

Jay, Florida

Zip

32565

Country

U.S. of America

**3. Mailing Office Address**

P.O. Box 712

Suite, Apt. #, etc.

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City & State

Jay, Florida

Zip

32565

Country

U.S. of America

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/23/82

**5. FEI Number**

07-0004504

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Linda Fleming

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

8775 Harry DeVaughn Road

Suite, Apt. #, Etc.

City

Milton.

State

FL

Zip Code

32570

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Linda B. Fleming*

Date

9/23/00

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Greg Eiland	15424 Highway 89	Jay, FL 32565
VD	Donna Diamond	P.O. Box 752	Jay, FL 32565
SD	<i>Cheryl</i> Sherry Sutler	2250 Sutler Lane	Milton, FL 32570
TD	Linda Fleming	8775 Harry DeVaughn Road	Milton, FL 32570
			800003423638--2 -10/12/00--01104--010 ****358.75 ****358.75

**10. 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:**

*Linda B. Fleming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/00

(850)675-4546

Daytime Phone #

CR2E081 (9/99)