

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766448

1. Corporation Name

National High School Sports Institute, INC.

2. Principal Office Address - No P.O. Box #
2009 Baihly Estates Ln SW

Suite, Apt. #, etc.

City & State

Rochester, MN

Zip

55902

Country

U.S.A.

3. Mailing Office Address
P.O. Box 5921

Suite, Apt. #, etc.

City & State

Rochester, MN

Zip

55903

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 1986

5. FEI Number
59-2637106

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

Prokes, Donald

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

507 Island Way

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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
P	Robert Wood	32 Mossy Oak Trail	Jackson, TN 38305
V	Kathy Holloway	2046 Hwy. 457	Le Compte, LA 71346
S	Sara Kinney	212 East Lakeshore Drive	Edelstein, IL 61526
C	Donald Prokes	507 Island Way	Clearwater, FL 33767
D	Jerome B. Garry	2009 Baihly Estates Ln SW	Rochester, MN 55902
C	Gary Makowicki	305 Broadway	Norwich, CT 06360

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 contained in Chapter 119, 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:

Jerome B. Garry

Jerome B. Garry

10/16/2008

(507) 696-7793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300137109643
11/04/08--01009--015 **\$1.25

300137109643
10/21/08--01008--008 **\$0.00

REINSTATEMENT 07-08

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