

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 11 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 767395

1. Corporation Name

BLUE DARTER BOOSTER CLUB, INC.

Principal Place of Business

555 W MARTIN ST  
APOPKA FL 32712  
US

Mailing Address

555 W MARTIN ST  
APOPKA FL 32712  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1983

5. FEI Number

59-6000771

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
SD	KING, MARCIA	447 ALABAMA AVENUE	APOPKA FL
TD	KING, MARCIA	447 ALABAMA AVENUE	APOPKA FL
VD	WISE, CARLTON	400 HICKORY ROAD	APOPKA FL
PD	KING, PHILIP	447 ALABAMA AVENUE	APOPKA FL
D	EDWARDS, JOHN E	555 W. MARTIN STREET	APOPKA FL

8. Name and Address of Secretary of State or Registered Agent

EDWARDS, JOHN E  
555 WEST MARTIN STREET  
APOPKA FL 32712

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

JOHN E. EDWARDS  
REGISTERED AGENT MUST SIGN

Date

5-5-04

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:

Philip B. King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5, 2004  
Date

467-905-5506  
Daytime Phone #

CR2E040 (7/03)