PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION :.. **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N00000005466

1. Corporation Name

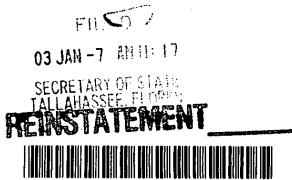
LAKE MARY HIGH SCHOOL SOCCER BOOSTERS, INC.

Principal	Place	of	Business

Mailing Address

655 LONGWOOD/LAKE MARY ROAD LAKE MARY FL 32746

655 LONGWOOD/LAKE MARY ROAD LAKE MARY FL 32746



~7-DZ

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					∍low.	0000			
New Principal Office Address, If Applicable Suite, Apt. #, etc.		New Mailing Office Address, If Applicable			4. Date Inc To Do E	Date Incorporated or Qualified To Do Business in Florida 08/21/2000			
Suite, Apt.	#, etc.		Suite, Apt. #	t, etc.		5. FEI Nur	mher		
City & State		City & State				NOT APPLICABLE Applied For Not Applicable			
Zip		Country	Zip		Country	6. CERTIFIC	CATE OF STATUS DESIRED S8.75 Additional Fee requirements of States Section States Section States Section States Section Section	ired	
7. Names	and Street Ad	dresses of Each Officer and	J/or Director (Flo	orida nonprofit	corporations must li	st at least 3 directors	s)		
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip		
D	KELLGREN, KATHY WENAAS, ANNE		1806 ALAQUA LAKES BLVD.		Es BLVD.	LONGWOOD, FL 32779			
D	RUSH, LIS	SA .		176 TIM-T	AM COURT		LAKE MARY FL 32779		
D	HAERENS, INA			3621 MOSS POINTE PLACE		E	LAKE MARY FL 32746		
P	MALIZIA, CYNTHIA			1600 MYRTLE LAKEHILLS RD		RD	LONGWOOD FL 32750		
						01/0	00009875851 6/0301076008 **297.50		
	8. Nam	e and Address of Current	Registered Ago	ent		9. Name a	nd Address of New Registered Agent	_	
390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801			Street Address (P.O. Box Nun Suite, Apt. #, Etc.						
						;; ·			
					#, Etc.				
*****					City		State Zip Code		
10 Libeina	annointed the	registered agent of the ab	ave named come	aration on town	allian with and account				

Signature of Registered Agent

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: