

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003537

1. Corporation Name

Mariner Athletic Booster Club, *INC.*

2. Principal Office Address - No P.O. Box #

701 Chiquita Blvd

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33993

Country

USA

3. Mailing Office Address

701 Chiquita Blvd

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33993

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/01

5. FEI Number

65-1107723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATED 03/08
CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

Tara O'Connor

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

701 Chiquita Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33993

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 | Ralph Acton | 139 SE 6th Street | Cape Coral, FL 33990 |
| VP | Mark Moore | PO Box 394 | Fort Myers, FL 33902 |
| S | Cindy Proia | 209 SE 10th Terr | Cape Coral, FL 33990 |
| T | Tara O'Connor | 4618 SW 6th Ave | Cape Coral, FL 33914 |
| | | | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB 7 2008