

FILED**Jan 09, 2008 8:00 A.M.****Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000006682

1. Corporation Name

BAY HAVEN BOOSTERS, INC.

TALLAHASSEE, FLORIDA

JAN 11-08

900113336075
12/21/07--01009--015 **297.502. Principal Office Address - No P.O. Box #
2501 HAWKS LANDING3. Mailing Office Address
2501 HAWKS LANDING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PANAMA CITY, FLCity & State
PANAMA CITY, FLZip
32405Country
USAZip
32405Country
USA**REINSTATEMENT**4. Date Incorporated or Qualified
To Do Business in Florida **8/30/2002**5. FEI Number
270053164Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY J. SLOANStreet Address (P.O. Box Number is Not Acceptable)
427 MCKENZIE AVENUE

Suite, Apt. #, Etc.

City
PANAMA CITYState
FLZip Code
32401☐ 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 AgentDate **1/7/08**

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
D	ANGELA W. BUTTRAM	3200 STATE AVENUE	PANAMA CITY, FL 32405
D	WILLIAM E. QUALLS	1021 HIGHWAY 2297	PANAMA CITY, FL 32404
D	Lesia Anderson	3906 E. 14TH STREET	PANAMA CITY, FL 32404
D	KIM DUDERSTADT	4710 GRANTS MILL DRIVE	LYNN HAVEN, FL 32444
D	MELISSA GRAY	2501 HAWKS LANDING	PANAMA CITY, FL 32405
D	SHARON GILSON	1302 E. 24TH STREET	LYNN HAVEN, FL 32444

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

12/19/07

Date

769-3849

Daytime Phone #