

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED


07 NOV 26 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-28-07

REINSTATEMENT 06-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007759

1. Corporation Name

P.H.S. Swim Team Boosters, Inc

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

2 Putter Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Zip

32177

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/02

5. FEI Number

30-0119522

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

Judy Hurst

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

2 Putter Lane

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

☒ 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

Judy Hurst

REGISTERED AGENT MUST SIGN

Date 11/20/07

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
Pres	William Whitlock	2003 Golf Dr.	Palatka, FL 32177
Vice Pres	Brenda MacGibbons	102 12th Tee Tr.	Palatka, FL 32177
Sec Tres	Judy Hurst	2 Putter Lane	Palatka, FL 32177

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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:

Judy Hurst (Judy Hurst)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/07

Date

(386)
530-1337

Daytime Phone #