

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 30 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008254

1. Corporation Name

EUSTIS HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.

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

1300 WASHINGTON AVE.

3. Mailing Office Address

1300 WASHINGTON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32726

Country

USA

Zip

32726

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/22/2003

5. FEL Number

20-0223635

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
THOMAS J. POPIESKI

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

17349 EAST RD.

Suite, Apt. #, Etc.

City
UMATILLA

State
FL

Zip Code
32784

☒ 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**

Thomas J. Popieski

REGISTERED AGENT MUST SIGN

Date 8/27/07

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
P	JEFFREY LOUIS MEANS	3004 LINMONT LANE	EUSTIS, FL 32726
V	TERESA L. CLEAVER	36039 VIA GRAN	GRAND ISLAND, FL 32735
S	KEELI NACKE	19545 SPRING OAK DRIVE	EUSTIS, FL 32736
T	THOMAS J. POPIESKI	17349 EAST RD.	UMATILLA, FL 32784

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REINSTATEMENT 06-07

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:

Thomas J. Popieski

Thomas J. Popieski

8/27/07

352-483-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #