

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000009597</b> 1. Entity Name <b>WESTGLADES MIDDLE SCHOOL BAND BOOSTERS, INC.</b>			
Principal Place of Business <b>JOHN SCHERER C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>		Mailing Address <b>JOHN SCHERER C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	
2. Principal Place of Business - No P.O. Box # <b>Michelle Guttveg 11000 Holmberg Rd Parkland, FL 33076 USA</b>		3. Mailing Address <b>Michelle Guttveg 11000 Holmberg Rd Parkland, FL 33076 USA</b>	
4. FEI Number <b>20-0260003</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent <b>Michelle Guttveg 416 Westglades Middle School Band 11000 Holmberg Rd Parkland, FL 33076</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Signature: Michelle Guttveg</b>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 45%;"> <b>Michelle Guttveg 9/25/07</b>  <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SCHERER, JOHN 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Michelle Guttveg 5884 NW 79 Way Parkland, FL 33067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ARRONOWITZ, CARRIE C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Treasurer Kara Seelye 6956 NW 83 Ter. Parkland, FL 33067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D COLLANGALO, ANN C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	<b>300110058213</b> <b>09/28/07--01044--011</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ANDERSON, ELLEN C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	<b>m10/3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SHUTOWICK, JONNA C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEELE, RITA C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: Michelle Guttveg</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Michelle Guttveg 9/25/07</b> <small>Date</small>	

FILED

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



09252007 FEE: \$61.25 MICR: 059 (1/07)  
**REINSTATEMENT**