

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 27 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001592

1. Corporation Name

Raines Vikings Athletic Booster Club, Inc.

REINSTATEMENT 05-09
JC 8/27

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
3663 Raines Ave.

3. Mailing Office Address
3663 Raines Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32209-1924

Country

United States

Zip

32209-1924

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

February 17, 2004

5. FEI Number

☐ 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
Taylor, Shawn

Street Address (P.O. Box Number is Not Acceptable)
1748 Spires Ave.

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32209

☒ 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.

300159983899

08/27/09--01003--011 *\$315.00

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

Shawn Taylor
REGISTERED AGENT MUST SIGN

Date

8/21/09

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	Taylor, Shawn	1748 Spires Ave.	Jacksonville, FL 32209
V	Harmon, Barbara	1423 W. 11th Street	Jacksonville, FL 32209
S	Masline, Sharon	10515 Villanova Road	Jacksonville, FL 32218
T	White, Laurie	9747 Sappington Ave.	Jacksonville, FL 32208
B. Mg.	George, Beverly	1403 W. 8th Street	Jacksonville, FL 32209

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

Shawn Taylor

Date

8/21/09 (904)434-1121

Daytime Phone #