

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -3 AM 9:08

DOCUMENT # N04000003420

1. Corporation Name

PENSACOLA HIGH SCHOOL QUARTERBACK CLUB, INC.

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

500 MAXWELL STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32501

Zip

32501

Country

USA

3. Mailing Office Address

500 MAXWELL STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32501

Zip

32501

Country

USA

REINSTATEMENT 05-08

B3/S/US
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/04

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

MIKE BENNETT

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

500 WEST MAXWELL STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32501

☐ 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

Mike Bennett

Date 2/19/08

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
P	CHRIS GRIER	620 EAST BLOUNT STREET	PENSACOLA, FL 32503
VP	DAVID GIANNOTTI	500 WEST MAXWELL STREET	PENSACOLA, FL 32501
S	RENAE FILES	4613 HARVE WAY	PENSACOLA, FL 32505
A-S	TOMI HILL	7687 KIPLING STREET	PENSACOLA, FL 32514

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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:

Chris Grier
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-08

Daytime Phone #