

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 404000003578

1. Corporation Name

West Florida High School Cheerleading
Boosters, Inc

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

2400 Longleaf Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2400 Longleaf Drive

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32526

Country

Zip

32526

Country

7. Name and Address of Current Registered Agent

Name
Caroline Peterson

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

1215 Kathleen Avenue

Suite, Apt. #, Etc.

City
Cantonment

State
FL

Zip Code
32533

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

Caroline Peterson

Date 2/26/09

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
CD	Liz Meriwether	907 Wine Pointe Dr	Pensacola FL 32526
SD	Clara D. Kmetz	531 Carrydale Dr	Pensacola FL 32507
VD	Ramona Szuch	7448 Pine Forest Rd	Pensacola FL 32526
TD	Caroline Peterson	1215 Kathleen Ave	Cantonment FL 32533
VTD	Monte Meriwether	907 Wine Pointe Dr	Pensacola FL 32526

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:

Caroline Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/09

Date

850-723-2063

Daytime Phone #

FILED

09 MAR -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300144768543

03/02/09--01041--018 **183.75

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/04

5. FEI Number

481279366

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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