## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations							FILED 09 MAR 10 PM 4: 58		
DOCUMENT # N0400005035  1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
West Florida High School of Advance Technology BOY'S SOCCER BOOSTER CLUB, INC.								00145410	4.40
				Office Address yswater Dr. **			300145418143 03/10/0901028019 **183.75 DEINCTATEMENT 07-05		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			Date incorporated or Qualified     To Do Business in Flonda     2007			
City & State Pensac	e cola, FL		City & State Pensacola, FL				5. FEI Numb 20-1257	9r 339	Applied For Not Applicable
Zip 32526-	-8922 US Zip 32514			Country US			CERTIFICATE OF STATUS DESIRED \$8,75 Additional Fee required for a Certificate of Status		
Name Magda Street Add 2364 C Suite, Apt. B City Pensad	x Number is Not Acceptable	State Zip Code 32507			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 Date Feb. 27, 2009  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	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
Р	Magdale	2364B Crosby Ave.				Pensacola / FL / 32507			
V	Silia Grif	900 N 75th Ave				Pensacola / FL / 32506			
T	Laurie Ja	3506 Bayswater Dr.				Pensacola / FL / 32514			
s	Shirley F	7962 Graves Rd. (1)			3/10	Pensacola / FL / 32514			
						β.			
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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Data  Dayline Phone #									
'Magdalena Santos									