

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

04 NOV 75 PM 4:41

DOCUMENT # N04568

1. Corporation Name

Vero Beach High School Swim Team Boosters, Inc.

2. Principal Office Address

1465 WYN COVE DRIVE

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

1465 WYN COVE DRIVE

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

900042755759

11/15/04--01076--005 **245.00

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida

8-6-1984

5. FEI Number

59-2503436

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

Nancy Conroy

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

1465 WYN COVE DRIVE

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

Nancy Conroy

Date

11/9/04

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
PD	Peter Marini	346 17th Avenue	Vero Beach, FL 32960
VD	Jackie Sparks	2386 30th Avenue SW	Vero Beach, FL 32968
MT	Nancy Conroy	1465 WYN COVE DRIVE	Vero Beach, FL 32963

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 under section 119.07(3)(i), 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:

Nancy Conroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-04 (772) 231-0843

Daytime Phone #

CR2E081 (01/04)