

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAY -2 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012105

1. Corporation Name

Brandon High School Orchestra Boosters Association, Inc.

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

1101 Victoria Street

Suite, Apt. #, etc.

3. Mailing Office Address

1101 Victoria Street

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33510-4197

Country

USA

Zip

33510-4197

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
December 2, 2005

5. FEI Number

59-1959500

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

Kevin D. Wrobel, CPA, P.A.

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

910 Lithia Pinecrest Road

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511-6121

400285318834
05/02/16--01044--009 **297.50

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

REGISTERED AGENT MUST SIGN

Date 4/22/16

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
D/P	Lizah Cruz	1743 Fluorishire Drive	Brandon, FL 33511-1870
D/T	Kevin D. Wrobel	910 Lithia Pinecrest Road	Brandon, FL 33511-6121
D/S	Tamika Lopez	10107 Palermo Circle #103	Tampa, FL 33519-5076
	REINSTATEMENT		S. HAWKES
	2015-2016		MAY 3 A.M.
			EXAMINER

10. E-mail Address: Kevin@wrobelaccounting.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

KEVIN D. WROBEL

4/22/16

(813) 514-8273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #