

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900163789539
12/21/09--01001--002 **113.75

CR2E081 (11/09)

DOCUMENT # N06000013065

1. Corporation Name

HIGH FIVE SPORTS AND ACADEMIC FOUNDATION, INC.

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

1509 CHINNAPAKIN NENE

Suite, Apt #, etc.

3. Mailing Office Address

SAME

Suite, Apt #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32301

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/06

5. FEI Number

20-5375066

☐ 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

ALIYY, AHMAD

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

1509 CHINNAPAKIN NENE

Suite, Apt. #, Etc

City

TALAHASSEE

State

FL

Zip Code

32301

☒ 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

Ahmad Aliyy

REGISTERED AGENT MUST SIGN

Date

12/18/09

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,CEO	AHMAD ALIYY	1509 CHINNAPAKIN NENE	TALLAHASSEE, FL 32301
VP	CHIQUITA WILLIAMS	9345 SHUMARD DR.	TALLAHASSEE, FL 32305
T	JAMES BROWN	1630 BALKIN RD#135	TALLAHASSEE, FL32305
D	GRADY, GREG	5645 BUTTON WILLOW LANE	TALLAHASSEE, FL 323305

10. E-mail Address: *ahmad.aliyy@comcast.NET*
(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., 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.

SIGNATURE:

Ahmad Aliyy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/09

Daytime Phone #