PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 15 PM 4:00

DOCUMENT # N17709

1. Corporation Name

PALATKA HIGH SCHOOL
Athletic Panther Booster Club, Inc.

REINSTATEMENT 4-02

2. Principal Office Address	**3.** Mailing Office Address
105 Cedar St.	P.O. Box 633
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palatka, FL	City & State: Palatka, FL
Zip: 32177 Country: USA	Zip: 32178-0633 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2344-677 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lewis A. Brosky

800005192898--6
-04/04/02--01067--003
****735.00 ****735.00

Street Address (P.O. Box Number is Not Acceptable): 105 Cedar St.

Suite, Apt. #, Etc.:

City: Palatka State: FL Zip Code: 32177

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: Lewis A Brosky — REGISTERED AGENT MUST SIGN Date: 2/25/02

CR2E081 (9/01)

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 D	Lewis A. Brosky	105 Cedar St.	Palatka, FL 32177
VP D	Denise Bramlitt	125 River Haven Court	Green Cove Spgs, FL 3204
T D	Sandra Black	149 Timber Lane	Palatka, FL 32177
S D	Tracy Taylor	909 W Hwy 17	Palatka, FL 32177

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: Lewis A Brosky Lewis A. Brosky 2-25-02 386-328-9255 ext 2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD