

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21752**

1. Corporation Name

Leadership Brandon Alumni, Inc.

2. Principal Office Address

915 Oakfield Drive

Suite, Apt. #, etc.

Suite E

City & State

Brandon, Florida

Zip

33511

Country

USA

3. Mailing Office Address

P.O. Box 2235

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33509

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/30/1987

5. FEI Number

592909178

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

Andrew J. Mason

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

106 W. Windhorest Road

Suite, Apt. #, Etc.

Suite 101

City

Brandon

State

FL

Zip Code

33510-2429

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

4/29/03

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
V/D	Dee Fletcher	915 Oakfield Drive Suite E	Brandon, Florida 33511
S/D	Pat Magruder	115 Margaret Street Suite F	Brandon, Florida 33511
T/D	John Hoffmeyer	402 W. Brandon Blvd.	Brandon, Florida 33511

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: Dee Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

813-744-8683

Daytime Phone #

CR2E081 (10/02)