PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 6:01

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REINSTATEMENT 98-95

1. Corporation Name
Deltona High School Band Boosters' Association, Inc.

Principal Place of Business	Mailing Address
100 Wolf Pack Run Deltona, FL 32738	203 Lucerne Dr. DeBary, FL 32713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1988

5. FEI Number: 59-2954480 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Debra A. Joens	717 Elwood St.	Deltona, FL 32725
V/D	Louise Gerbes	2624 Scottville Ave.	Deltona, FL 32725
S/D	Mary Lynn Dely	1339 Bailey Ave.	Deltona, FL 32725
S	Mary Ann Oleksiw	569 Sullivan St.	Deltona, FL 32725
T	Janice H. Dunne	203 Lucerne Dr. ~~DeBary, FL 32713~~	DeBary, FL 32713
			$8 10/19

8. Name and Address of Current Registered Agent

Ford, Harold G.
100 Wolf Pack Run
Deltona, FL 32725

9. Name and Address of New Registered Agent

Name: DeLaDurantey, Steve
Street Address (P.O. Box Number is Not Acceptable): 100 Wolf Pack Run
Suite, Apt. #, Etc.:
City: Deltona | State: FL | Zip Code: 32725

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Janice H. Dunne Janice H. Dunne 9/7/99 (904) 775-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #