

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 19 A 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33082**

1. Corporation Name

Bulldog Boosters, Inc.

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

2056 Pennsylvania Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4312
Suite, Apt. #, etc.

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/89

5. FEI Number

59-2949366

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32724

Country

Volusia

Zip

32721-4312

Country

Volusia

7. Name and Address of Current Registered Agent

Name

EARL ZIEBARTH

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

2056 Pennsylvania Drive

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

100184505681
08/19/10--01002--011 **358.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **8-17-10**

REGISTERED AGENT MUST SIGN

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	EARL ZIEBARTH	2056 Pennsylvania Dr.	DeLand, FL 32724
T	George S. Smith, III	133 E. Indiana Ave.	DeLand, FL 32724
D	JAMES T. Sieg	1725 Mercers Feeney Rd	DeLand, FL 32720

REINSTATEMENT

08-10

10. E-mail Address: **gsmith@cohen-smith.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., 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-10

Date

Daytime Phone #

386-736640