

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -2 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N33317**

1. Corporation Name

**FORT LAUDERDALE HIGH SCHOOL ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

FT. LAUDERDALE HIGH SCHOOL  
1600 NE 4TH AVENUE

CONNIE PRESCOTT  
315 VICTORIA PARK RD.

FT. LAUDERDALE, FL. 33306

FT. LAUDERDALE, FL. 33301

US

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

07/12/1989

5. FEI Number

65-0151063

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FOGLE, TOM	960 NW 26 CT	HIALEAH FL
DV	WOLF, JAMES	2140 NE 14 AVE.	WILTON MANORS FL
STD	PETROS, AMY	10740 NW 37 PL	SUNRISE FL
D	GUNDLACH, LANELLE W	1349 MIDDLE RIVER DR.	FT. LAUDERDALE FL 33304
D	Prescott, Connie	315 N. Victoria Pk Rd	4land 414 33301

8. Name and Address of Current Registered Agent

GUNDLACH, LANELLE W  
1349 MIDDLE RIVER DR.  
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003532686--1

01/11/01 State 0006

\*\*\*236.25

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

*Lanelle W. Gundlach*  
REGISTERED AGENT, MUST SIGN

Date

NOV 4 2000

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 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:

*Connie J. Prescott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Treasurer

Date

10/26/00 954 7657560

Daytime Phone #