

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

00 SEP 25 AM 9:11

DOCUMENT #

N35496

1. Corporation Name

North Fort Myers High School Soccer Booster Club, Inc.

2. Principal Office Address

5000 Orange Grove Blvd.

3. Mailing Office Address

5818 Inverness Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL 33903

City & State

N. Ft. Myers, FL 33903

Zip

33903

Country

USA

Zip

33903

Country

USA

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

11/30/89

5. FEI Number

65-0170900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Marcy Ferguson

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

5818 Inverness Circle

Suite, Apt. #, Etc.

City

N. Ft. Myers

State

FL

Zip Code

33903

600003406566-8
-09/27/00--01057--013
****297.50 ****297.50

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

Marcy Ferguson
REGISTERED AGENT MUST SIGN

Date

9/12/00

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
D Pres.	Marcy Ferguson	5818 Inverness Circle	N. Ft. Myers, FL 33903
D VP	Lori Dopsloff	1104 S.E. 1st Terrace	Cape Coral, FL 33990
D Sec.	Martha Bishop	38751 Still Lane	N. Ft. Myers, FL 33917
D Treas	Tammy Kempf	1117 S.W. 6th Avenue	Cape Coral, FL 33991
			11/9/27

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)(l), 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:

Marcy Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
Date

Daytime Phone #