

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 20 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FL 32304

DOCUMENT # **1737247**

1. Corporation Name

Wolfson High School Band Boosters, Inc.

2. Principal Office Address

7000 Powers Ave.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

Zip

32217

Country

3. Mailing Office Address

7000 Powers Ave

Suite, Apt. #, etc.

City & State

Jacksonville Florida

Zip

32217

Country

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

Mar 20, 1990

5. FEI Number

59-3056693

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

John O. Blount

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

1356 Holmesdale Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

REINSTATEMENT 03-04

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/16/04**

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	John O. Blount	1356 Holmesdale Rd.	Jacksonville, FL 32207
VP/T	Debbie Mc Call	3811 Pizarro Rd.	Jacksonville, FL 32217
S	Marcia Elder	8918 Elizabeth Falls Dr	Jacksonville FL 32257

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:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/04

Daytime Phone #