

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

**2000 UBR**

FILED

00 DEC -4 PM 11: 18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N38343

1. Corporation Name

EAGLE ALL-SPORTS BOOSTERS, INC.

Principal Place of Business

Mailing Address

C/O ERNIE MODUGNO  
1100 22ND AVE. NORTH  
NAPLES FL 33940

C/O ERNIE MODUGNO  
1100 22ND AVE. NORTH  
NAPLES FL 33940

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

3/27/00 9009808 \$61.25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/29/1990

City & State

City & State

5. FEI Number

65-0209554

Applied For

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	<del>ROGERS, JANE</del> SHERI BOLTZ	<del>2223 SNOOK DRIVE</del> 2569 68TH ST SW	NAPLES FL <del>33962</del> 34105
VD	<del>MOSCHEL, PATRICIA</del> ROGER GREGORY	<del>51 2ND AVE ST</del> 2618 12TH CT. N.	NAPLES FL 34102
PD	<del>SALLEY, LYNN</del> BRAO THOMASON	<del>2481 COACH HOUSE LN</del> 2152 LONGBOAT DR.	NAPLES FL 34102
TD	<del>SALLEY, SCOTT</del> LYNN SALLEY	<del>2481 COACH HOUSE LN</del> 2467 PINE WOOD CIR.	NAPLES FL 34105

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MODUGNO, ERNIE  
1100 22ND AVE. NORTH  
NAPLES FL 33940

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Ernie Modugno*

Date 11/30/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

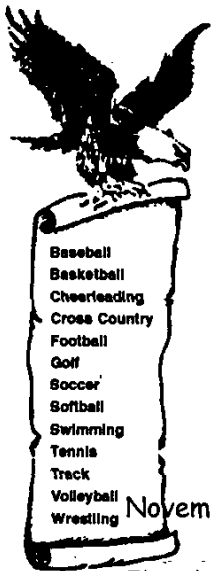
*Ernie Modugno* - V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #



# EAGLE ALL-SPORTS BOOSTERS

NAPLES HIGH SCHOOL ATHLETIC DEPARTMENT  
1100 Golden Eagle Circle • Naples, Florida 33940 • (941) 261-3538

242  
N38343

November 30, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Re-instatement Office

Dear Sirs:

After several phone calls, I have been advised to write and request that that our certification be reinstated. My records and yours indicate that you did receive our filing fee of \$61.25, along with our amended form in March of 2000. I spoke with some at this phone number 850-487-6059 and she said to also ask that the reinstatement fee also be waived.

If you have any questions, please contact me at 941-430-6670.  
Thank you for your consideration in this matter.

Sincerely,

Lynn Salley  
Vice President  
Eagle All-Sports Boosters