

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:12

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

GOLDEN EAGLE
CIRCLE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1100 GOLDEN EAGLE CIR.

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip 34102 Country

3. New Mailing Office Address, If Applicable

1100 GOLDEN EAGLE CIR.

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip 34102 Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1990

5. FEI Number

65-0209554

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SB	BOLTZ, SHERRI MARY ANN CARR	2569 68TH ST SW 565 YUCCA RD	NAPLES FL 34105 34102
VD	GREGORY, ROGER	2618 12TH CT. N.	NAPLES FL 34102
PD	THOMPSON, BRAD	2152 LONGBOAT DR.	NAPLES FL 34102
TD	SALLEY, LYNN	2467 PINE WOOD CIR.	NAPLES FL 34105
			200008735602 11/01/02--01011--001 **61.25

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

Eagle All-Sports Booster Club



NAPLES HIGH SCHOOL

1100 Golden Eagle Circle, Naples, Florida 34102

Phone: 941-430-6644

Fax: 941-430-6652

October 28, 2002

State of Florida
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

The Eagle All-Sports Boosters would like to be reinstated as a corporation. There has been some difficulty in getting the renewal forms due to the fact that the mailing address has been incorrect.

We did not receive last year's form.

If you have any questions, please feel free to contact me at 239-430-6670.

Thank you,

Lynn M. Salley
Lynn M. Salley
Treasurer