

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 FEB -4 AM 9:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40 698**

1. Corporation Name
**SEMINOLE High School Community
And Student Action Committee Inc.**

2. Principal Office Address - No P.O. Box #
770 BANANA LAKE ROAD

3. Mailing Office Address
770 BANANA LAKE ROAD

800269102918
02/04/15--01003--016 **306.25
CR2E081 (11/10)

City & State
LAKE MARY, FL. City & State
Florida, LAKE MARY

Zip Country
32746 USA Zip Country
32746 USA

4. Date incorporated or Qualified To Do Business in Florida
NOVEMBER 5, 1990

5. FEI Number
59-3014412 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **ACTIVE** \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Higgins, William M.

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

Suite, Apt. #, Etc.

City State Zip Code
Winter Park FL 32789

**PLEASE SEND A CERTIFICATE
OF STATUS**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent **William M. Higgins** Date **Jan. 29, 2015**
REGISTERED AGENT MUST SIGN

9. List the Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Director Jeanette Minor	6673 Christina Marie Drive	Orlando, FL 32835
DT TREASURER JANICE R Springfield	770 BANANA LAKE RD.	LAKE MARY FL 32746
DC CHAIRMAN William M. Higgins	453 CAROLINA AVE.	Winter Park, FL 32789
REINSTATEMENT		S. HAWKES
2014-2015		FEB - 4 AM.
		EXAMINER

10. E-mail Address: **JANICE.SPRINGFIELD5@GMAIL.COM**
(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **William M Higgins** Date **Jan 29 2015** **407 719 4608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR