

FILED

15 FEB -4 AM 9:27

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified To Do Business in Florida NOVEMBER 5, 1990			
5. FEI Number 59-3014412	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		

ACTIVE
PLEASE SEND A CERTIFICATE
OF STATUS

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40 698

1. Corporation Name

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 BUNANA LAKE ROAD

[illegible]

Suite, Apt. #, etc

LAKE MARY, FL.

City & State
Florida, Lake Mary

Zip	Country
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32746	USA
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Zip

Country

32746	USA
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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 Winter Park

State	Zip Code
FL	32789

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

William A. Higgin
REGISTERED AGENT MUST SIGN

Date Jan. 29, 2015

Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

D. DIRECTOR	JEANETTE L. 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

FFB - 4 A.M.

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 807 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. Hiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2015 4077194608