

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42332

FILED
Jan 11, 2008
Secretary of State

Entity Name: MANDARIN HIGH SCHOOL MUSTANGS BOOSTER CLUB, INC.

Current Principal Place of Business:

4831 GREENLAND RD
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 56802
JACKSONVILLE, FL 322416802 US

New Mailing Address:

FEI Number: 59-3052770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEAVITT, DEBRA M
4305 RUSTLING LEAF LANE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

HICKS, BONNIE R
10759 SADDLEBRED DRIVE
JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BONNIE R. HICKS

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LEAVITT, DEBRA M
Address: 4305 RUSLTING LEAF LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: DP () Delete
Name: AMMONS, JODY
Address: 11578 ALEXIS FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HICKS, BONNIE R
Address: 10759 SADDLEBRED DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DP (X) Change () Addition
Name: GAMBRELL, TOMMY
Address: P. O. BOX 56802
City-St-Zip: JACKSONVILLE, FL 32441 68

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE R. HICKS

DT

01/11/2008

Electronic Signature of Signing Officer or Director

Date