

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 44713

1. Corporation Name

Martin County Seminole Booster, Inc

2. Principal Office Address

759 S Federal Hwy

Suite, Apt. #, etc.

Suite 200

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

P O Box 170

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34995

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/16/1991

5. FEI Number

65-0274776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Robert J Thomas

Street Address (P.O. Box Number is Not Acceptable)
759 S Federal Highway

Suite, Apt. #, Etc.
Suite 200

City

Stuart

State
FL

Zip Code
34994

800035765378
05/07/04--01079--015 **358.75

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

Robert J Thomas
REGISTERED AGENT MUST SIGN

Date

4/28/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Robert J. Thomas	759 S Federal Highway	Stuart, FL 34994
SD	Suzanne Hutcheson	3748 S W Sunset Trace Circle	Palm City, FL 34990
D	Thomas Fullman	3929 N E Skyline Drive	Jensen Beach, FL 34957
D	Ivan Munroe	1619 N River Trail	Stuart, FL 34994

10. 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)(f), 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:

Robert J Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

772-221-1108