


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 10 PM 3:11

DOCUMENT # N45439

1. Corporation Name
Booker High School Sports Boosters, Inc.

W04-47070

REINSTATEMENT 03-05

2. Principal Office Address
3201 N. Orange Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
3201 N. Orange Ave.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 12/27/04 01083-007 236.25

City & State
Sarasota FL

City & State
Sarasota FL

5. FEI Number
592450001
Applied For
Not Applicable

Zip
34234
County
Sarasota

Zip
34234
County
Sarasota

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

7. Name and Address of Current Registered Agent

Name
Fred Gilmore

Street Address (P.O. Box Number is Not Acceptable)
4845 Palma Ave.

Suite, Apt. #, Etc.

City
Sarasota

State
FL
Zip Code
34234

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 Fred E. Gilmore

Date 12/19/04

REGISTERED AGENT MUST SIGN

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	Tommy Dixon	1901 Gold Ave.	Sarasota, FL 34231
DVP	Greg Zellner	5674 Froester Lake Dr.	Sarasota, FL 34243
DVP	Terry Rosenagle	2350 Slough Rd.	Sarasota, FL 34240
SD	Penny Boldin	904 Lemonwood Ave.	Sarasota, FL 34207
SD	Carla Fougereousse	2753 Jay Pl.	Sarasota, FL 34235

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/04 941
232-4701

CR2E081 (01/04)