

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 14 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45640
1. Corporation Name

LEY BAND BOOSTERS, INC. 098 27248

Principal Place of Business Mailing Address
1 LEY HIGH SCHOOL BLVD.
NAPLES, FLORIDA 34113

REINSTATEMENT allig

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>10/15/91</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0289393</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CHRIS KNUDSEN (D)	2316 ELIZABETH CT.	NAPLES, FL 34112
T	BONNIE DURNING (D)	1031 MENDEL AVENUE	MARLBORO, FL 34145
S	MICHELLE MIRELES (T)	960 ROSEA CT.	NAPLES, FL 34104
V	PHILLIS GILLILAND (D)	5233 BERKELEY DRIVE	NAPLES, FL 34112
			300002715993-5 12/18/98 01067 0047 ****481.25 ****481.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>RAYMOND L. MALUM, JR.</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>4518 ROBIN AVENUE</u>	
		Suite, Apt. #, Etc. <u>1</u>	
		City <u>NAPLES, FL</u>	Zip Code <u>34104</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Raymond L. Malum, Jr. REGISTERED AGENT MUST SIGN Date 11/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Chris F. Knudsen 11/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Chris F. Knudsen

CR2E040 (1/98)