

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 46 092**

1. Corporation Name

PHS Band Boosters, INC.

2. Principal Office Address

6901 N.W. 16ST

3. Mailing Office Address

6901 N.W. 16ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL 33317 **Plantation FL 33317**

Zip

Country

33317

Broward

Zip

Country

33317

Broward

REINSTATEMENT

98-0

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES F. SIMPKISS SR.

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

290 N.W. 78 AVE

Suite, Apt. #, Etc.

300004077633-6

04/25/01-01065-005

******420.00**

City

Plantation

State
FL

Zip Code

33324

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

James F. Simpkins Jr.

REGISTERED AGENT MUST SIGN

Date **2-6-01**

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
President	James F. Simpkins	290 NW 78 Avenue	Plantation, FL 33324
Vice-President	Ruth E. Nemire	1001 NW 94 Terrace	Plantation, FL 33322
Secretary	Lourdes S. Ospina	672 NW 133 Drive	Plantation, FL 33325
Treasurer	Kimberley D. Smith	1435 N W 129 Terrace	Sunrise, FL 33323

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:

James F. Simpkins Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

954-253-3824

Daytime Phone #

CR2E081 (9/00)