

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N46230**

1. Corporation Name

**H.B. PLANT HIGH SCHOOL CHORUS BOOSTERS CLUB, IN
C.**

Principal Place of Business

Mailing Address

**2415 S HIMES AVE
TAMPA FL 33629**

**2415 S HIMES AVE
TAMPA FL 33629**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1991

5. FEI Number

59-3095270

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	YOST, BRUCE	2415 S. HIMES	TAMPA FL
D	FOLEY, CON	2722 JETTON AVENUE	TAMPA FL
D	MOSLEY, CHERYL	106 S. HABANA, #C	TAMPA FL
TVD	BENNING, JUDY	2620 MORRISON AVE.	TAMPA FL
PD	BLACK, NANCY CONLEY, JANICE	601 BOSPHORUS AVENUE 605 MARMORA AVENUE	TAMPA FL
D	BRAD, MARA	4311 WATROUS AVENUE	TAMPA FL

8. Name and Address of Current Registered Agent

**SUSSMAN, VINCENT
2415 S. HIMES AVE.
TAMPA FL 33629**

9. Name and Address of New Registered Agent

Name

Eric Bergholm

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

2415 S. Himes Ave.

Suite, Apt. #, Etc.

600003478326--0

City

Tampa

11/28/00 Date of Filing

******28FL25 33629 25**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00
Date

813-272-3033
Daytime Phone #

KE