

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 16 AM 9:56

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000358**

1. Corporation Name
Academic Boosters, Inc.

2. Principal Office Address
P. O. Box 1277

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Frostproof, Florida

City & State

Zip Country
33843 USA

Zip Country

300058700243
08/17/05--01047--003 **962.50

REINSTATEMENT 96-05

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/1992

5. FEI Number
59-3140632

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
Nancy DeMarco

Street Address (P.O. Box Number is Not Acceptable)
1000 N. Palm Avenue

Suite, Apt. #, Etc.

City
Frostproof

State Zip Code
FL 33843

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

Nancy DeMarco
REGISTERED AGENT MUST SIGN

Date August 8, 2005

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
DP	Cindy Wise	809 County Road 630 W	Frostproof, Florida 33843
DV	Sandra Sackett	504 Lauterbach Street W	Frostproof, Florida 33843
DT	Mary Ruth Wilson	1 Airport Road	Frostproof, Florida 33843
DS	Melony Gaffney	321 Palm Avenue N	Frostproof, Florida 33843

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

Sandra L. Sackett
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Sackett August 8, 2005

863-635-7809

Date

Daytime Phone #

CR2E081 (01/05)