

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -5 PM 12:38

DOCUMENT # A92000000358

1. Corporation Name

Academic Boosters, Inc.

700161326837
10/05/09--01045--007 **245.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1000 N. Palm Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1277

Suite, Apt. #, etc.

City & State

Frostproof, FL

Zip

33843

Country

U.S.

City & State

Frostproof

Zip

33843

Country

U.S.

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 Ave.

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

10/2/09

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
Pres.	Cindy Wise	809 CR 630 W.	Frostproof, FL 33843
V. Pres	Debbie Norris	1144 LK Reedy Blvd. N.	Frostproof, FL 33843
Sec.	Lori Loveless	400 Ridge Manor Dr.	Lake Wales, FL 33843
Treas	Shayla McCullers	1000 CR 630 W	Frostproof, FL 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 contained in Chapter 119, 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:

Cynthia L. Wise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/09

Daytime Phone #

863-528-0316