

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N93-00000-3215**

1. Corporation Name

**LAKEWOOD HIGH FOOTBALL
BOOSTERS, INC.**

2. Principal Office Address

LAKEWOOD HIGH SCHOOL

Suite, Apt. #, etc.

1400 54th Ave So.

City & State

St. Petersburg, FL

Zip

33705

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1993

5. FEI Number

59-3194001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **2075** Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mr. Brian G. Bruch

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

3034 HOMESTEAD OAKS DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

34619

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

[Signature]

Date

Nov 20, 2000

REGISTERED AGENT MUST SIGN

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
PD	JAMES E. HALL	157 Pompano Dr SE	St. Pete, FL 33705
VD	THOMAS A. HARMS	2651 GRANADA CIR E	St. Pete, FL 33712
TD	JANICE McGEE	5017 40th St. So.	St. Pete, FL 33711
SD	BRENDA WILLIAMS	3864 38th Way S.	St. Pete, FL 33711
D	Rev. HARRY DAWKINS	3761 42nd Ave. S.	St. Pete, FL 33711
D	John A. CARTER	4860 26 Ct. So.	St. Pete, FL 33712

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 E. HALL** President & Director **20 NOV 00**
777-893-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #