

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 20 AM 10: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1182004 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N93000003450</b> 1. Entity Name <b>PLANT HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>3418 W. OBISPO ST. TAMPA, FL 33629-7915 US</b>			Mailing Address <b>P.O. BOX 18483 TAMPA, FL 33679-8483 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3211179</b>	
6. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ELLIOTT, RAY E 3418 W. OBISPO ST. TAMPA, FL 33629-7915</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Ray E. Elliott</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2005, Fee will be \$297.50			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELLIOTT, RAY E</b>		NAME	<b>800042929029</b>	
STREET ADDRESS	<b>3418 W. OBISPO ST., BOX 18483</b>		STREET ADDRESS	<b>11/22/04--01058--017 **236.25</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELAEZ, EVARISTO III</b>		NAME		
STREET ADDRESS	<b>3812 W. GRAY ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELAEZ, EILLENE</b>		NAME		
STREET ADDRESS	<b>3816 W GRAY STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELAEZ, DEBRA</b>		NAME		
STREET ADDRESS	<b>3812 W. GRAY ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Evaristo Pelaez III</i></u> , <b>EVARISTO PELAEZ III</b>			Date: <u>11/18/04</u> 813-2341935		
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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