

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N93000004771

1. Corporation Name

BOOKER T. WASHINGTON HIGH SCHOOL BOYS SOCCER BO  
OSTER CLUB, INC.

Principal Place of Business

Mailing Address

6000 COLLEGE PKWY  
PENSACOLA FL 32503

6000 COLLEGE PKWY  
PENSACOLA FL 32503

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3000479

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MORGAN, KENNETH-J DINAH TUTEN	2990-PICKFORD-PLACE 6320 DUNLIETH PLACE	PENSACOLA-FL 32503 PENSACOLA, FL 32504
VD	MATTESON, JIM CAROL GILROY	3870-OVERLAND-DRIVE 4136 FUTURA DRIVE	PENSACOLA-FL 32504 PENSACOLA, FL 32504
SD	HECKMAN, GLORIA SUSAN PALMER	5692-LEESWAY BLVD 4323 WHITELEAF COURT	PENSACOLA-FL 32504 PENSACOLA, FL 32504
TD	REES, DOUGLAS NANCY BIANCO	3221-INVERNESS-DRIVE 4645 TILELINE DRIVE	PENSACOLA-FL 32503 PENSACOLA, FL 32504
			500003455405--0 -11/07/00--01081--012 ****245.00 ****245.00
			LS

8. Name and Address of Current Registered Agent

GOLOVKO, ALEX  
6000 COLLEGE PKWY  
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name  
GOLOVKO ALEX  
Street Address (P.O. Box Number is Not Acceptable)  
6000 COLLEGE PKWY  
Suite, Apt. #, Etc.  
City  
PENSACOLA, FL  
State  
FL  
Zip Code  
32504

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

\* *Alex Golovko* REGISTERED AGENT MUST SIGN

Date 10-16-00

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: \*

*Nancy J. Bianco* Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NANCY J. BIANCO

10/20/00

Date

Daytime Phone #

850-  
474-2187