

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004994

1. Corporation Name

SEABREEZE HIGH SCHOOL BOOSTERS, INC.

Principal Place of Business

1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

Mailing Address

1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1993

5. FEI Number

59-3268757

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CROWE, JAN	130 OAK LANE	ORMOND BEACH FL
PD	BOSANG, RICK	7 SHADOW CREEK WAY	ORMOND BEACH, FL 32174
VD	CROWE, TOM	130 OAK LANE	ORMOND BEACH FL
VD	SPEARMAN, HARRY	8 RIVER RIDGE TRAIL	ORMOND BEACH, FL 32174
VD	EDGAR, SCOTT	533 FRED GAMBLE WAY	ORMOND BEACH FL
TD	WILSON, BOB	36 RIVER RIDGE TRAIL	ORMOND BEACH, FL 32174
SD	MCMUNN, LINDA	36 RAVENFIELD LN	ORMOND BEACH FL
SD	SMITH, JAN	70 WOODFIELD COURT	ORMOND BEACH, FL 32174
D	COLLEY, GLENNA	2 SPRINGWOOD TRAIL	ORMOND BEACH, FL 32174

8. Name and Address of Current Registered Agent

WOODS, JUDSON I JR
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

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

700002333077-2

Suite, Apt. #, Etc.

-01/07/98--01094--001

City

***236.25

***236.25

State
FL

Zip Code

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

Judson I Woods
REGISTERED AGENT MUST SIGN

Date 12/17/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/97 904-677-0673
Date Daytime Phone

CE2E040 (8/97)