

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004247

1. Corporation Name  
St. Petersburg High School Athletic  
Booster Association Inc. W99-21604

Principal Place of Business Mailing Address  
2501 Fifth Av. N.  
St. Petersburg, Fl. 33713

FILED  
99 SEP 30 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 9799

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 8/30/94 SP	5. FEI Number 59-3261674 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres.	Tony Bond	3426 13th Av. N.	St. Pete, Fl. 33713
Treas.	Philip A. McLeod	540 Fourth St. N.	St. Pete, Fl. 33701
Secy.	Sandra Heidt	2501 Fifth Av. N.	St. Pete, Fl. 33713

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-10/06/99--01012--007  
\*\*\*\*358.75 \*\*\*\*358.75

8. Name and Address of Current Registered Agent

5701 Central Avenue  
St. Petersburg, Fl. 33713  
David L. Troup

9. Name and Address of New Registered Agent

Name  
Philip A. McLeod  
Street Address (P.O. Box Number is Not Acceptable)  
540 Fourth St. N.  
Suite, Apt. #, Etc.  
St. Petersburg  
City  
St. Pete  
State  
FL  
Zip Code  
33701

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  
Philip A. McLeod  
REGISTERED AGENT MUST SIGN  
Date  
9/15/99

11. This corporation owes 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: Philip A. McLeod  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
9/15/99  
Daytime Phone #  
727-823-2527