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
01 OCT 15 AM 11:31

DOCUMENT # N94000005516

1. Corporation Name

WOODHAM HIGH SCHOOL BASEBALL BOOSTERS

REINSTATEMENT 95-01

2. Principal Office Address	**3.** Mailing Office Address
1220 TAMARA DRIVE	1220 TAMARA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32504 Country: USA	Zip: 32504 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-4-94

5. FEI Number: N/A — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EARL WARE

600004652086--6
-10/25/01--01001-005
****612.50 ****12.50

Street Address (P.O. Box Number is Not Acceptable): 1220 TAMARA DRIVE

Suite, Apt. #, Etc.:

City: PENSACOLA State: FL Zip Code: 32504

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: Earl Ware — REGISTERED AGENT MUST SIGN — Date: 10-9-01

CR2E081 (9/00)

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
P/D	EARL WARE	1220 TAMARA DRIVE	PENSACOLA, FL 32504
VP/D	DAVID PARSONS	1220 FINLEY DRIVE	PENSACOLA, FL 32514
VP/D	ERNEST MCCORVEY	740 SMILEY AVE	PENSACOLA, FL 32514
T/S	PAM PITTS	1778 JOHNSON AVE	PENSACOLA, FL 32514
M	JOE GREEN	8365 MONTECELLO DR	PENSACOLA, FL 32514

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: Earl Ware — EARL WARE — 10-9-01 — 8504763893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #