

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 FEB -2 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000246 (7)

1. Corporation Name

LADY DOLPHINS BOOSTER INC

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

GULF BREEZE HIGH SCHOOL

Suite, Apt. #, etc.

675 GULF BREEZE PKWY

City & State

GULF BREEZE FL

Zip

32561

Country

US

3. New Mailing Office Address, If Applicable

LAURIE ANDERSON (SOFTBALL)

Suite, Apt. #, etc.

675 GULF BREEZE PKWY

City & State

GULF BREEZE FL

Zip

32561

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/95

5. FEI Number

59-3382686

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
P/D	DON PRICE	309 SMITH CIRCLE	GULF BREEZE, FL 32561
V/D	LISA KOSTIC	204 PALMETTO RD	GULF BREEZE, FL 32561
S/D	TOM CUMBER	6700 SEAGATE DR.	NAVARRE, FL 32566
T/D	GENE TRIAPLETT	77 BAYBRIDGE DR.	GULF BREEZE, FL 32561
D	LAURIE ANDERSON	675 GULF BREEZE PKWY	GULF BREEZE, FL 32561
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DON PRICE

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

309 SMITH CIRCLE

Suite, Apt. #, Etc.

City

GULF BREEZE, FL

State

FL

Zip Code

32561

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

Don Price

REGISTERED AGENT MUST SIGN

Date

29 Jan 98

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:

Don Price

DON PRICE

P/D

29 Jan 98

850-884-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/96)