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

1997 SEP 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000908

1. Corporation Name

PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1201 S.E. JAGUAR LANE PORT ST. LUCIE FL 34952	1201 S.E. JAGUAR LANE PORT ST. LUCIE FL 34952

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: 02/23/1995

5. FEI Number: [x] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~ P	~~VANDENBURG,~~ Bradley, Sandy	~~2073 W. DUNBROOKE CIRCLE~~ 1002 SE Lansdowne Street	PORT ST. LUCIE FL ~~34984~~ 34983
~~D~~ VP	~~WHITE, ERIC R.B.~~ Hynes, Dave	~~334 S.E EVANS AVE.~~ 6006 Silver Oak Drive	~~PORT ST. LUCIE FL 34983~~ Ft. Pierce, FL 34982
~~D~~ T	~~LAPROCINA, JOANNE~~ Magallon, Joyce	~~382 S.E. STRAIT AVE.~~ 739 Forgal Street	PORT ST. LUCIE FL 34983
D	~~FALGO, RICHARD~~ Bills, Lynn	~~1010 S.E. EUCLID LANE~~ 1612 SE Mistletoe Street	PORT ST. LUCIE FL 34983
D	~~ROBBINS, JAMES~~ Falcone, Cindy	~~225 S.W. HOLDEN TERRACE~~ 2498 Snapper Street	PORT ST. LUCIE FL ~~34983~~ 34952
D	~~GARDNER, KATHY~~ Harwood, Ted	~~225 S.W. HOLDEN TERRACE~~ 379 SE Faith Terrace	PORT ST. LUCIE FL 34983

8. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

9. Name and Address of New Registered Agent

Name: REINSTATEMENT 9/18/97

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

Suite, Apt. #, Etc.

City State Zip Code

500002299785--7
-09/22/97--01119--002
****297.50 ****297.50

CR2E040 (7/96)

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: [signature] REGISTERED AGENT MUST SIGN Date: 9/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(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: Sandy Bradley SANDY BRADLEY 9/15/97 561-878-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #