

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -4 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-09/13/02--01047--015
****236.25 ****236.25

DOCUMENT #

1. Corporation Name

N95000003515
Wolverine Football
Boosters Club Inc.

REINSTATEMENT 01-02

2. Principal Office Address

P.O. Box 88

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 88

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

Zip

Country

33470-9224 USA

Zip

Country

33470-9224 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/01 90002 017 6/25
7-26-1995

5. FEI Number

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

Rich FOLB

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

904 WINDTREE WAY

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL

State

FL

Zip Code

33414

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

Rich FOLB

Date 7-21-2002

REGISTERED AGENT MUST SIGN

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
D/P	Rich FOLB	904 WINDTREE WAY	West Palm Bch, FL 33414
D/T	DOUGLAS HEWLETT	728 BLUEBERRY DR	Wellington, FL 33414
D/S	PEGGY GUSTIN	1709 FARMINGTON CIR	Wellington, FL 33414

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:

Signature and Typed or Printed Name of Signing Officer or Director
Douglas E Hewlett

Date

7-21-2002 (561) 988-6500

Daytime Phone #

CR2ED01 (9/01)