

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

99 JUL -6 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA160000004813
1. Corporation Name Estero Wildcat Athletic Booster Club

Principal Place of Business Mailing Address
P.O. Box 1109
Estero, FL 33928

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		4. Date Incorporated or Qualified To Do Business in Florida <u>9-96</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0742917</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

9799

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
D	Sharon Smith	24310 Red Robin Dr	Bonita Springs, FL 34135
D	Terry Hill	8334 Cardinal Rd	Fort Myers, FL 33912
D	Karolyn Noughton	5601 Harborage Dr	Fort Myers, FL 33908
D	Robert Kutz	108136 St. Patrick Ln.	Bonita Springs, FL 34135
<p>REINSTATEMENT 97-99 LTS</p> <p>900002936855--7 10/30/99--01091--002 ****358.75 ****358.75</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barry Hillmeyer, PA 2135 Cottage St Ft Myers, FL 33901	Name <u>Karolyn Noughton</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>5601 Harborage Dr</u>		
	Suite, Apt. #, Etc.		
	City <u>Fort Myers</u>	State <u>FL</u>	Zip Code <u>33908</u>

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 6-16-99

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: [Signature] KAROLYN NOUGHTON 6-16-99 941-482-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)