

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-96000005438

1. Corporation Name
LHHS SCREAMING HAWK BOOSTERS, INC.

2. Principal Office Address
PO BOX 607

Suite, Apt. #, etc.

City & State
GOLDENROD FL

Zip
32733

Country
USA

3. Mailing Office Address
PO BOX 607

Suite, Apt. #, etc.

City & State
GOLDENROD FL

Zip
32733

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/04/1996

5. FEI Number
NOT APPLICABLE

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
MARY ANNE LUCAS

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

Suite, Apt. #, Etc.

City
WINTER PARK

State
FL Zip Code
32792

500052259945
08/04/05--01055--002 **183.50

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 8/01/2005

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
PPTD	MARY ANNE LUCAS	182 KUZMANY RD	WINTER PARK FL 32792
SD	LINDA DUNHAM	4200 DIKE RD	WINTER PARK FL 32792

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

MARY A LUCAS, P, T, D

8/1/2005

Date

407/320-9050

Daytime Phone #

CR2E081 (01/05)

Aug 02 05 12:05p

THOMAS RINGLER

407-678-3791

P. 1

13 2006

August 2, 2005


State of Florida
Division Of corporations

Reference: LHHS.Screaming Hawk Boosters, Inc.

Per our phone conversation this morning we have not received our annual report. I am enclosing a check in the amount of \$183.75 for the reinstatement fee. *(2003 - 2005)*

Our Mailing address is P.O 607 Goldenrod, Florida 32733. Please correct our mailing address if it differs from yours.

Sincerely,



Mary Ann Lucas
President