

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000005637

1. Corporation Name

LION BAND BOOSTERS, INC.

2. Principal Office Address

20101 Lyons Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 970505

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33434

Country

USA

Zip

33497

Country

USA

400039357944
07/21/04--01005--015 **358.75
08/29/01 90003 044 \$61.25

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/96

5. FEI Number

650849647

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

LORI TFIRN

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

11365 Sea Grass Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

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

REGISTERED AGENT MUST SIGN

Date

7/16/04

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
Pres	Russell Martin	9697 Arbor Oaks Lane Apt. 201	Boca Raton, FL 33428
Sec'y	Donna Bauman	18400 Ruffian Way	Boca Raton, FL 33496
Fin. Sec'y	Denise Milligan	18280 181 st Circle S.	Boca Raton, FL 33498
Treas	Lori Tfiirn	11365 Sea Grass Circle	Boca Raton, FL 33498

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

LORI TFIRN

7/16/04

Date

(561) 482-0440

Daytime Phone #

CR2E081 (01/04)