

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 AUG -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002798

1. Corporation Name

BELL BAND BOOSTERS, INC.

2. Principal Office Address
BELL HIGH SCHOOL

3. Mailing Office Address
P. O. BOX 345

Suite, Apt. #, etc.
930 S. MAIN ST.

Suite, Apt. #, etc.

City & State
BELL, FL

City & State
BELL, FL

Zip Country
32619 USA

Zip Country
32619 USA

REINSTATEMENT 04-08
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 5/12/1997

5. FEI Number 59-3447952 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
ELAINE LAGASSE

Street Address (P.O. Box Number is Not Acceptable)
6970 N W 41ST CIRCLE

Suite, Apt. #, Etc.

City
BELL

State Zip Code
FL 32619

000133997120
08/05/08-01027-002 **12.50

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 Elaine Lagasse
REGISTERED AGENT MUST SIGN

Date 7/20/08

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
PD	<u>ELAINE LAGASSE</u>	<u>6970 N W 41ST CIRCLE</u>	<u>BELL, FL 32619</u>
VD	<u>CINNAMON McPHEARSON</u>	<u>4629 N. US HWY 129</u>	<u>BELL, FL 32619</u>
TD	<u>ELISABETH C. DIAMOND</u>	<u>1849 SW 15TH WAY</u>	<u>BELL, FL 32619</u>
SD	<u>YVONNE NOBS</u>	<u>6989 NE 50TH AVE. RD</u>	<u>HIGH SPRINGS, FL 32643</u>

700133307367
07/22/08-01047-004 **358.75

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 contained in Chapter 119, 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: Elaine Lagasse ELAINE LAGASSE (PD) 7/20/08 4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(386) 935-