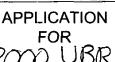
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 28 PH 2: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1. Corporation Name

KATHLEEN HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC

Principal Place of Business

Mailing Address

2600 CRUTCHFIELD ROAD LAKELAND FL 33801 2600 CRUTCHFIELD ROAD LAKELAND FL 33801



If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					03/23/00 90024 048 \$60.25 4. Date Incorporated or Qualified To Do Business in Florida		
Suite. Apt.	#. etc.	Suite, Apt. #, etc.			08/26/1997 - 5. FEI.Number - Applied For		
City & State	е	City & State				59-3473300 Applied Not App	
Zip	Country	Zip	Countr	у	6. CERTIFICAT		5 Additional Fee required r a Certificate of Status
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	, , ' - : :				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D	WHITTLE, LARRY	8018 PARK BYRD ROAD			LAKELAND FL 33810		
D	:-LAWHON; JANICE A	4984 ROLLING OAK DRIVE			LAKELAND FL-38810		
D	THOMPSON, MIKE	4246 SIMMS RD			LAKELAND FL 33810		
D	DEAN KOULOGIA	INES	523 Em	press V	NAY	LAKELAND, Fi.	J3 803
	8. Name and Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered A	sgent
MCMILLAN, TIMOTHY C 2168 MALACHITE DRIVE LAKELAND FL 33810				Name LARRY WHITTLE Street Address (P.O. Box Number is Not Acceptable) 80 18 PARK BYRD RD. Suite, Apt. #, Etc. City LAKELAND State Zip Code FL 37810			
10. I, being Signature o Registered	Agent					tion 607.0505, F.S. Date	

1. 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/00

8/3-858-9793

14/100000 B2

DEAR SINS,

JOSAY I RECIEVED NOTICE OF ADMINISTATIVE

DISSOLUTION OF REVOCATION FOR DOC# NGROWDOUGHUY

THIS DOCUMENT WAS PAID, SIGNED AND RETURNED FOR

JOS-00 & CHECK # 107 FOR 61.25. The Form WAS RefURNED

TO CALLING I WAS TOLD THE FORM WAS REFURNED

FOR COLLECTIONS. I NEVER RECIEVED THE FORM. I WAS

TOLD TO MAILE NECESSARY COLLECTIONS ON THE

NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVERTION

AND WRITE THIS LETTER TO EXPLAIN AND NO EXTER

CHANGES WOULD BE INCURRED.

Sincerey

LAMAY D WHITTLE VICE PRESIDENT KHS BOOSTER CLUB 863-858-9793