

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -6 AM 8:58

**DOCUMENT # N97000004864**

1. Corporation Name

**Kathleen High School Athletic Booster Club**

2. Principal Office Address - No P.O. Box #

**2600 Crutchfield Rd**

3. Mailing Office Address

**P.O. Box 3113**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

Zip

**33801**

Country

**USA**

Zip

**33802**

Country

**USA**

500184112695  
08/06/10--01034--008 \*\*726.25

**REINSTATEMENT 02-1D**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/26/1997**

5. FEI Number  
**59-3473300**

☐ 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

**Aaron M. Wilborn**

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

**1601 E. Warren Street**

Suite, Apt. #, Etc.

City

**Plant City**

State

**FL**

Zip Code

**33563**

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

Date **08/04/2010**

REGISTERED AGENT MUST SIGN

**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
P	Aaron M. Wilborn	1601 E. Warren Street	Plant City, Florida 33563
VP	Ruby Lewis	2600 Crutchfield Rd	Lakeland, FL 33801
T	Dorthy Jacoby	155 Strain Blvd	Lakeland, FL 33815
VT	Davida Austin	919 Augusta Street	Lakeland, FL 33805
S	Valeria Jackson	628 Strain Blvd	Lakeland, FL 33815

10. E-mail Address: **kleensports@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:**

8/4/2010 863-640-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5