PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 13 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004887**

1. Corporation Name

THE SICKLES HIGH SCHOOL OMNIBUS BOOSTER ORGANIZATION, INC.

Principal Place of Business	Mailing Address
7950 GUNN HWY TAMPA FL 33626-1617	7950 GUNN HWY TAMPA FL 33626-1617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1997

5. FEI Number: 59-3467376 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~VD~~ VD	~~WILLIAMS, SAMMIE~~ Carlin, Suzanne	~~16136 ARMISTEAD LANE~~ 15140 Shawrd.	~~ODESSA FL 33556~~ Tampa. FL 33625
TD	~~REWICK, BRIDGETTE~~ Coleman, Christine	~~14903 FOXHOUND PL~~ 13016 Leverington St	TAMPA FL 33624
PD	HASKINS, SHERRY	9303 POST ROAD	ODESSA FL 33556
MD	~~NELSON, DUANE~~ Duarte, Nelson	915 BRADDOCK 917 W. Braddock	~~TAMPA FL 33603~~ Tampa, FL 33603
~~D~~ SD	~~HENIKA, MARY~~ Brown, Enza	~~10731 DRUMMOND RD~~ 21127 Marsh Hawk Dr	~~TAMPAA FL 33615~~ Land O Lakes, FL 34639

8. Name and Address of Current Registered Agent

~~SKELTON, PATRICK~~ Duarte, Nelson
~~4720 DEERWALK AVE~~ 917 W. Braddock
~~TAMPA FL 33626-1617~~ Tampa, FL 33603

9. Name and Address of New Registered Agent

Name: Nelson Duarte
Street Address (P.O. Box Number is Not Acceptable): 917 W Braddock
Suite, Apt. #, Etc.: 100026886111
01/13/04--01090--026 **245.00
City: Tampa State: FL Zip Code: 33603

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Nelson Duarte SIGNED
REGISTERED AGENT MUST SIGN

Date: 1-5-04

11. 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: Christina Colena SIGNED Christina Coleman-Treasurer 12/8/03 813-842-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #