

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>097000004887</u>			
1. Corporation Name <u>The Sickles High School</u> <u>Omnibus Booster Org., Inc</u>			
2. Principal Office Address <u>7950 Gunn Hwy</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7950 Gunn Hwy</u> Suite, Apt. #, etc.	
City & State <u>Tampa, FL</u>		City & State <u>Tampa, FL</u>	
Zip <u>33626</u>	Country <u>USA</u>	Zip <u>33626</u>	Country <u>USA</u>
4. Date incorporated or Qualified To Do Business in Florida <u>Aug, 1997</u>		5. FEI Number <u>59-3467376</u>	
☒ 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 <u>Nuri Ayres, Principal</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>7950 Gunn Hwy</u>			
Suite, Apt. #, Etc.			
City <u>Tampa</u>		State <u>FL</u>	Zip Code <u>33626</u>
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 <u>Nuri D. Ayres</u>		Date <u>10/26/04</u>	
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
ADA	<u>Nelson Duarte</u>	<u>7950 Gunn Hwy</u>	<u>Tampa, FL 33626</u>
Pres	<u>Cheryl Heiskins</u>	<u>9303 Post Rd</u>	<u>Odessa, FL 33556</u>
Vice Pres	<u>Susie Carlin</u>	<u>15140 Shaw Rd</u>	<u>Tampa, FL 33625</u>
Secy	<u>Enza Brown</u>		
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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 <u>[Signature]</u>		Date <u>10/26/04</u>	Daytime Phone # <u>6314742 x218</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)