

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006036**

1. Corporation Name

HOWARD W. BLAKE BAND BOOSTERS, INC.

Principal Place of Business

1701 N BLVD
TAMPA FL 33607

Mailing Address

1701 N BLVD
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1997

5. FEI Number

59-3476408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLISS, DEBRA P	12503 LIMPET DR	TAMPA FL 33625
D	DELAVINA, ANTHONY B	7938 WOODGLEN CIR	TAMPA FL 33615
D	GRIFFIN, ROBERT U	6439 REEF CIR	TAMPA FL 33625
T	ISOM, A. WOODSON JR.	4412 W. ESTRELLA ST.	TAMPA, FL 33629

8. Name and Address of Current Registered Agent

LACEY, CHARLES S
3312 RIVER ESTATES DR
WIAUMA FL 33598

9. Name and Address of New Registered Agent

Name ROBERT U. GRIFFIN

Street Address (P.O. Box Number is Not Acceptable)
6439 REEF CIRCLE

Suite, Apt. #, Etc.

City TAMPA

State FL

Zip Code 33625

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.

Signature of Registered Agent ROBERT U. GRIFFIN

REGISTERED AGENT MUST SIGN

Date 10/13/99

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: A. WOODSON ISOM, JR., TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

813-276-0999

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

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