

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000006111*

1. Corporation Name

BAYOU GEORGE Football BOOSTER, INC

2. Principal Office Address

6010 JAYCEE DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1143

Suite, Apt. #, etc.

City & State

Youngstown FL

City & State

Youngstown, FL

Zip

Country

32466

BAY

Zip

Country

32466

BAY

REINSTATEMENT

01/02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/23/97

5. FEI Number

59-3477682

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

JAMES M. FATH

900004883199-5

-02/06/02--01051--004

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

745 PEACOCK CIRCLE

*****297.50 ****297.50*

Suite, Apt. #, Etc.

LS

City

Youngstown

State

FL

Zip Code

32466

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

James M. Fath

REGISTERED AGENT MUST SIGN

Date *1-4-02*

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
<i>PD</i>	<i>JAMES M. FATH</i>	<i>745 PEACOCK CIRCLE</i>	<i>Youngstown FL 32466</i>
<i>VD</i>	<i>CLAUDE SKIPPER</i>	<i>6002 WEDGEWOOD CIR.</i>	<i>Youngstown FL 32466</i>
<i>SD</i>	<i>TERESA SKIPPER</i>	<i>6002 WEDGEWOOD CIR</i>	<i>Youngstown FL 32466</i>
<i>TD</i>	<i>STEPHANIE FATH</i>	<i>745 PEACOCK CIRCLE</i>	<i>Youngstown FL 32466</i>

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:

James M. Fath JAMES M. FATH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 (850) 235-5493

Date

Daytime Phone #

CR2E081 (9/01)