

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 PM 3:00

CR2E081 (12/05)

DOCUMENT # N97000006111

1. Corporation Name

Bayou George Football Boosters, Inc

2. Principal Office Address

6010 Jaycee Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1143

Suite, Apt. #, etc.

City & State

Youngstown, Florida

City & State

Youngstown, Florida

Zip
32466

Country
Bay

Zip
32466

Country
Bay

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEI 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

Michael S Fuller

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

6520 Bolivia Street

Suite, Apt. #, Etc.

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

Michael S Fuller

Date July 27 2006

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	Jackson L Wages	9733 Bear Street	Youngstown, FI 32466
V	Benita S Wages	9733 Bear Street	Youngstown, FI 32466
T	Terri L Fuller	6520 Bolivia Street	Youngstown, FI 32466
D	Michael S Fuller	6520 Bolivia Street	Youngstown, FI 32466

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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 contained in Chapter 119, 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:

Michael S Fuller

Michael S Fuller July 27 2006 (850) 722-8286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Williams JUL 3 - 2006