#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

### DOCUMENT # N9700006982

1. Corporation Name

, INC.

## THE HILLMYER-TREMONT STUDENT ATHLETE FOUNDATION

Principal Place of Business

Mailing Address

-10491-SIX-MILE-CYPRESS-PARKWAY-FORT MYERS FL 33912 -10491-SIX-MILE-CYPRESS-PARKWAY-

FORT MYERS FL 33912

FILED

00 DEC -5 PM 4: 47

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA



If above ac	ddresses are incorrect in any way, lin	e through incorred	ct information and	d enter correction below.			
2. New Prin	ncipal Office Address, If Applicable	ailing Office Add	ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/16/1997		
Suite, Apt. #, etc. Suite, Apt. #			. #, etc.	· -		5. FEI Number 65-0803239	
City & State City & State			te				
Žip	Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED	Additional Fee required Certificate of Status
7. Names a	and Street Addresses of Each Officer	and/or Director (	Florida nonprofit	corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors 2		3	Street Address of Each Officer and/or Director		City / State	/ Zip
PD P.D	CRIMALDI, SAM B DONOVAN LA	241 S.E. /556/	241 S.E. 44TH STREET 15561 QUEENSFERRY DRIVE		FORT MYERS	FL 33912	
۷D	CURRY, JAMES E	t	1457 DUBONNET COURT S.W.		FORT MYERS FL 33919		
\$ <del>10</del> \$7.}				TTAGE STREET	e Circle	FORT MYERS FL 33902- FORT MYERS FL 33912	
						- <del>000035066</del> -12/19/0001 ****236.25	
		D date of	A	REMS	TATEN		
8. Name and Address of Current Registered Agent				Name	9. Name and	Address of New Registered Abo	
CRIMALDI, SAM B				10481	Street Address (P.O. Box Number is Not Acceptable)  /OH8/ Six MILE CYPRESS PARKWAY  Suite, Apl. #, Etc.		
				City		State 2	Zip Code
10. I, being Signature o Registered		in & Cum	ndi Sir	100 Com 100 Co			

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/00

941-278-1177

Daytime Phone #