

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002977

1. Corporation Name

BLOODHOUND FOOTBALL BOOSTERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 284  
AUBURNDALE FL 33823

P.O. BOX 284  
AUBURNDALE FL 33823

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/1998

5. FEI Number

59-3523396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DS	KEY, JOE	115 <del>SHAW</del> ST SHELBY	AUBURNDALE FL 33823
DT	O'NEAL, HARRY	828 <del>ARIANA</del> CIRCLE ARIANA	AUBURNDALE FL 33823
<del>TD</del>	<del>GOE, PATTI</del>	<del>310 BOLENDER RD</del>	<del>AUBURNDALE FL 33823</del>
<del>RD</del>	ANDERSON, BOBBY	550 PINNER CT	LAKE ALFRED FL 33850
D	ANDERSON, TONY	186 WHITECLIFFE BLVD	AUBURNDALE FL 33823
PD	CURRAN, MARK	136 ADAMS ST.	AUBURNDALE, FL 33823

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COE, PATTI  
310 BOLENDER RD  
AUBURNDALE FL 33823

Name

O'NEAL, HARRY

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

828 ARIANA CIRCLE

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03

863-867-0017

CR2E040 (7/03)

# **Bloodhound Football Boosters, Inc.**

P. O. Box 284  
Auburndale, FL 33823

Dear Glenda Hood,

October 8, 2003

The Bloodhound Football Boosters, Inc. did not receive any notice until today when this notice of administrative dissolution arrived. Please find enclosed a check for \$70 for the annual filing fee as well as the certificate.

Thanks for your help with this waiver. Had we received that prior notice we would have taken care of it in a timely fashion.

Sincerely,  
Joseph Key, Secretary  
863-967-0017

P.S. In case the form is not legible please notice the following changes:

Key, Joe should be Key, Joseph and the address should be 115 Shelby Street  
O'Neal, Harry is Treasurer Director and the address is 828 Ariana Circle.  
Coe, Patti is deleted  
Anderson, Bobby is a Director  
Curran, Mark is President Director and his address is 136 Adams St.

Our registered agent is:  
O'Neal, Harry  
828 Ariana Circle  
Auburndale, FL 33823