

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003918**

1. Corporation Name

**LYMAN HIGH SCHOOL
ATHLETIC BOOSTER CLUB, INC**

2. Principal Office Address

865 SOUTH CR 427

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 521283

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

USA

Zip

32752

Country

USA

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

7-2-98

5. FEI Number

☒ 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

RICHARD BAMRICK

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

119 LAMPLIGHTER RD

Suite, Apt. #, Etc.

ALTIMONTE SPRINGS, FL

City

ALTIMONTE SPRINGS, FL

**State
FL**

Zip Code

32714

REINSTATEMENT

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

Richard Bamrick

Date

4-2-06

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	RICK BAMRICK	119 LAMPLIGHTER RD	ALTIMONTE SPRINGS FL 32714
VP	KEVIN ALBRIGHT	644 RIVER PARK CIE	LONGWOOD FL 32750
SEC	MAUREEN BAMRICK	119 LAMPLIGHTER RD	ALTIMONTE SPRINGS FL 32714

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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:

Richard Bamrick RICHARD BAMRICK

Date

4-2-06

Daytime Phone #

407 4611092