

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 17986555594

1. Corporation Name

Clearwater High School Soccer
Booster Club, inc

2. Principal Office Address

540 So Hercules Ave 1204 Jackson Rd

Suite, Apt. #, etc.

3. Mailing Office Address

540 So Hercules Ave 1204 Jackson Rd

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33764

Country

USA

Zip

33755

Country

USA

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

7/28/1978

5. FEI Number

59-3540428

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

Charles Melges

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

333 Midway Island

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

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

Charles Melges

REGISTERED AGENT MUST SIGN

Date 9/9/04

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/D	Charles Melges	333 Midway Island	Clearwater FL 33767
V/D	Denise Graff	1336 Wellington Dr	Clearwater FL 33764
S/T/D	Sheryl Ferris	1204 Jackson Rd	Clearwater FL 33755

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:

Sheryl Ferris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/04
Date

727 442-7630
Daytime Phone #

CR2E081 (01/04)