APPLICATION FOR Q REINSTATEMENT	FLORIDA	RUCTIONS E A DEPARTMENT Katherine Hår Secretary of Sta VISION OF CORPORA	T OF STATE ris ate			FORM.			
DOÇUMENT # N9800006140				99 NOV 15 PM 3: 15					
1. Corporation Name TOPINADO SPIRIT BOOSTERS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 540 S. HERCULES CLEARWATER FL 33675	540 S. HERC	Mailing Address 540 S. HERCULES CLEARWATER FL 33675							
If above addresses are incorrect in any way, I 2 New Principal Office Address, If Applicable		formation and enter co		REIN 4. Date Incorp To Do Bush	STATE orated or Qualifieness in Florida	MEN	26/1998		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Numbe			Applied For		
City & State Zip Country		City & State Zip Country		59-3456704 Not Applicable 6\$875 Additional Fee required					
	Idresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 di		<u> </u>	CERTIFICATE OF STATUS DESIRED L. for a Certificate of Status					
Title(s) Name of Office and/or Director	ers	Stree	at Address of Each er and/or Director	l	4	City / Stat	te / Zip		
Pris. Karen 5te	wart-b	1905 Mc	Kinle	y Rd	Clw,	FI	33745		
VP Hilda Honley -		512 Virgini		Lane	Clw,	FI	33764		
Treas Zorina Icenogle		2765 Kungi		at	Chu,	H	33 9 59		
Say Kim Mokwa-I		1121 M	acrae	Are.	رسك	FI			
			· · · · · · · · · · · · · · · · · · ·		-11/2		6833 1054002 ****236,25		
8. Name and Address of Cu	rrent Registered Age	ont	Name	9. Name and	Address of New I	Registered A	gent		
ICENOGLE, ZORINA W C/O CLEARWATER HIGH SCHOOL 540 S. HERCULES	Kim Mokwa-D 1/21 Macrae Are. Cw, F1 -11/22/99-01054-002 ****236.25 8. Name and Address of Current Registered Agent Senogle, Zorina W O CLEARWATER HIGH SCHOOL Street Address (P.O. Box Number is Not Acceptable)								
CLEARWATER FL 33765			City				Zip Code		
10. I, being appointed the registered agent of the Signature of Registered Agent	REGISTERED AG	inolo	and accept the ol	bligations of Sect	on 607.0505, F.S	_	-99		
I. I certify that I at an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid aron this application is true and accurate, and	or dissolution has been nd the names of individ	eliminated, the corpora uals listed on this form	ate name satisfies do not qualify for	the requirements an exemption un	of section 607.04	101 or 617.041	01, F.S., that all fees		
SIGNATURE: SOMETURE AND TYPED	OR PRINTED NAME OF	SIGNING OF PIGER OF DIS	RESTOR	10-	19-9	9 J	27-197- time Phone # 60 17		