

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9A000000339**

1. Corporation Name
**Wellington High School Project Gordon Town
Booster Club Inc.**

2. Principal Office Address

1300 Wood Dale Terr.

Suite, Apt. #, etc.

City & State

Wellington, FL.

Zip

33414

Country

U.S.

3. Mailing Office Address

1300 Wood Dale Terr.

Suite, Apt. #, etc.

City & State

Wellington, FL.

Zip

33414

Country

U.S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/1999

5. FEI Number

65-0792688

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

Kevin DiLallo

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

1300 Wood Dale Terr.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Kevin DiLallo

Date

3/4/05

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
D	Kevin DiLallo	1300 Wood Dale Terr	Wellington FL 33414
D	Lori Faebel	12094 Old Country Rd	Wellington FL 33414
D	Phillip Rossi	14440 Halter Rd.	Wellington FL 33414

600049887336

04/09/05--01008--016 **420.00

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:

Kevin DiLallo - Kevin DiLallo

Date

3/4/05

Daytime Phone #

561-791-7742