

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 DEC 23 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000001130**

1. Corporation Name

NORTHEAST VIKING HIGH SCHOOL ATHLETIC BOOSTERS, INC.

Principal Place of Business

5500 16TH STREET NORTH
SAINT PETERSBURG FL 33703

Mailing Address

5500 16TH STREET NORTH
SAINT PETERSBURG FL 33703

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



700024332367
12/23/03--01015--030 **175.00

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
PD	SMITH, RONALD W	5500 16TH ST N	ST PETERSBURG FL 33703
TD	TULIANO, ALANNA MARY J. CILLIAN	6511 KENT DR. N. 430 44TH AVE NE	ST PETERSBURG FL 33703
SD	MCCRAW, TY	5500 16TH ST N.	ST PETERSBURG FL 33703

700024332367
10/31/03--01050--000 **70.00

8. Name and Address of Current Registered Agent

SMITH, RONALD W
5500 16TH ST N.
ST. PETERSBURG FL 33703

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ronald W. Smith

REGISTERED AGENT MUST SIGN

Date 10-28-03

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)(f), 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:

Mary J. Cillian
MARY J. CILLIAN, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03 (787) 562-5499

Date

Daytime Phone #

CR2E040 (7/03)

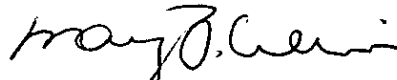
NE Viking High School Athletic Boosters
5500 16th Street North
St. Petersburg, FL 33703

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

October 28, 2003

Dear Sirs,

I have recently taken over as treasurer of the NE Viking High School Athletic Boosters Club. The previous treasurer resigned in March of this year and the club was without a treasurer until I accepted the position the first of October. Needless to say, the filing of the Uniform Business Report was overlooked. I could not find the original report that was mailed, only the second notice. By the time I took over, it was already past the due date for that report. I had prepared the report and was ready to mail it when I received the notice of dissolution. Since I had only received the one report, I am requesting that the reinstatement fee be waived. It would be an extreme hardship to pay the \$150.00. I appreciate your consideration.



Mary J. Ciflan
Treasurer
NEHI Viking Athletic Boosters