


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 APR 29 PM 3:30 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # N99000005340				
1. Corporation Name Rutherford Soccer Booster Club, Inc.				
2. Principal Office Address - No P.O. Box # 1000 School Ave		3. Mailing Office Address 338 Bunkers Cove Rd		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Panama City, FL		City & State Panama City, FL		
Zip 32401	Country USA	Zip 32401	Country USA	
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 09/01/1999		
Name Christine L Reiss		5. FEI Number 59-3652165		
Street Address (P.O. Box Number is Not Acceptable) 338 Bunkers Cove Rd		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
City Panama City		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
State FL		Zip Code 32401		
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 <u><i>Christine L Reiss</i></u> Date 04/13/2010 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/D	David T. Garner	535 Mills Lane	Panama City, FL 32404	
VP/D	Donita A. Butler	120 H L Sudduth Dr	Panama City, FL 32404	
S/D	Lorri L. Whitehead	1128 S. Gay Ave #105	Panama City, FL 32404	
T/D	Kathy M. Powers	8329 James St.	Panama City, FL 32404	
10. E-mail Address: <u>reiss@knology.net</u> (To be used for future annual report notification)				
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. I further certify, 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: <u><i>Kathy M. Powers</i></u> KATHY M. POWERS Date 26 APR 2010 Daytime Phone # 850 871 0182				