

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000007314

**1. Corporation Name**

Seminole Alumni Foundation, Inc.

**2. Principal Office Address**

3521 Clifden Drive

Suite, Apt. #, etc.

**City & State**

Tallahassee, FL

**Zip**

32309

**Country**

USA

**3. Mailing Office Address**

3521 Clifden Drive

Suite, Apt. #, etc.

**City & State**

Tallahassee, FL

**Zip**

32309

**Country**

USA

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

600067457436

03/09/06--012207013  
CR2E08T(1205) \*\*183.75

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

12/13/1999

**5. FEI Number**

221281800

**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**

Michael P. McHale

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

3521 Clifden Drive

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**

FL

**Zip Code**

32309

**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

Michael P. McHale

Date

2/3/2006

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
President	Spencer Klein	3539 W. Daylily Lane	Tallahassee, FL 32308
Vice President	Robb Williams	499 Kiwi St.	Tarpon Springs, FL 34689
Treasurer	Michael P. McHale	3521 Clifden Dr.	Tallahassee, FL 32309
Secretary	Eric Bush	5375 Cranford Ct.	Tallahassee, FL 32303

**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 contained in Chapter 119, 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:**

Michael P. McHale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/06

Daytime Phone #

850-668-9460