

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 28 PM 4:47

SEC. 1  
TALLAH.

DOCUMENT # **P03000074893**

1. Corporation Name

School Spirit Supplies, Inc.

2. Principal Office Address

1580 Texas Parkway

3. Mailing Office Address

P O Box 1445

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, Florida

City & State

Crestview, Florida

Zip

32536

Country

USA

Zip

32536

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 2003

5. FEI Number

20-0088477

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

Kimberly Free

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

1580 Texas Parkway

Suite, Apt. #, Etc.

City

Crestview, Florida

State

FL

Zip Code

32536

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

*Kimberly Free*

REGISTERED AGENT MUST SIGN

Date 11/27/06

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
Director	Kimberly Free	P O Box 1445	Crestview, Florida 32536

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:

*Kimberly Free*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/06 850 6833733

Daytime Phone #



P.O. Box 1445  
Crestview, FL 32536  
Toll Free: 866-862-3222  
Fax: 850-683-1140  
Local Phone: 850-683-3733

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November 27, 2006

Dear Sir/Madam:

I am requesting that the reinstatement fee be waived for School Spirit Supplies, Inc. as I have never received an annual report notice. If you have any questions, please contact me at 850-683-3733 or email [kim@schoolspiritsupplies.com](mailto:kim@schoolspiritsupplies.com).

Thanks for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kim Free".

Kim Free  
Director