

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 12 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

749128

International Shuffleboard Association, Inc.

2. Principal Office Address - No P.O. Box #

134 Greenview Drive

3. Mailing Office Address

8245 Forest Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Seminole, FL

Zip

33881

Country

USA

Zip

33776

Country

USA

600113218036
02/19/08--01045--023 **241.25

600113218036
12/18/07--01011--023 **1356.25

REINSTATEMENT 86-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1979

5. FEI Number

591424032

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

Austin P Bondi

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

134 Greenview Drive

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

☒ 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.

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

Austin P Bondi

Date

Dec 14, 2007

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	Austin P Bondi	134 Greenview Drive	Winter Haven/FL/33881
V/D	Earl A Ball	5508 Betmar Drive	Zephyrhills/FL/33542
T/D	Bethany K Allen	8245 Forest Circle	Seminole/FL/33776
S/D	Marie P Bondi	134 Greenview Drive	Winter Haven/FL/33881
V/D	Walter E Wedel	15150 East V Avenue	Fulton/MI/49052
D	Joseph H Messier	390 Santa Fe Trail	North Ft Myers/FL/33917

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:

Austin P Bondi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 14, 2007

Daytime Phone #

863 2910950

2/13/08