PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14768

FILED
97 MAY 29 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Timucua Pop Warner Football Conference, Inc.

Principal Place of Business / Mailing Address
12707 N.W. C.R. 231
Gainesville, FL. 32609

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable
12707 N.W. C.R. 231
Suite, Apt. #, etc.
City & State: Gainesville, FL.
Zip: 32609 Country: Alachua

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: May 6, 1986

FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	David Hunter	12707 N.W. C.R. 231	Gainesville, FL. 32609
V/D	Lana Jackson	1028 N.E. 14th Street	Gainesville, Fl. 32602
T/D	Dane Bargiel	1894 W. Union Street	Hernando, Fl. 34442
S/D	Phil Phombier	Rte. 1 Box 725 N/A	Starke, FL. 32091

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: David Hunter
Street Address (P.O. Box Number is Not Acceptable): 12707 N.W. C.R. 231
Suite, Apt. #, Etc.
City: Gainesville State: FL Zip Code: 32609

CR2E040 (12/95)

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.

Signature of Registered Agent: David D Hunter
REGISTERED AGENT MUST SIGN
Date: 3/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(i), 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: David D Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/12/97
Daytime Phone #: 352 485-1616