

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 97 FEB 24 AM 11:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N22782**

1. Corporation Name  
**FLORIDA SPORTS WRITERS ASSOCIATION, INC.**

Principal Place of Business %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602	Mailing Address %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602
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**REINSTATEMENT** 90-97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	10/01/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-1424500
City & State	City & State	Applied For	Not Applicable
Zip	Country	Zip	Country
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
PD	DOOLEY, PAT	2700 SW 13TH ST.,	GAINESVILLE FL
STD	BINETTE, WILFRID	650 6TH STREET, S.W.	WINTER HAVEN FL
VD	GRABARCZYK, DOUG	1 RIVERSIDE AVE	JACKSONVILLE FL
VD	THOMAS, BOB	1 RIVERSIDE	JACKSONVILLE FL
VD	<del>BLANCHI, MIKE</del> BIANCHI, MIKE	1 RIVERSIDE AVE	JACKSONVILLE FL

8. Name and Address of Current Registered Agent  DAVIS, PAUL C. ONE HARBOUR PLACE, S-500 TAMPA FL 33602	9. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	100002096811--0 -02/25/97--01083--012
	City	***306, State FL ***306.25

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: *Paul C. Davis* Date: **12/30/96**  
 REGISTERED AGENT MUST SIGN

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: *Douglas Grabarczyk* **DOUGLAS GRABARCZYK** 1/10/97 (904) 346-3914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/96)