

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

98 AUG 31 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 721468

1. Corporation Name

East Bay Buccaneers Football League, Inc.

Principal Place of Business

Mailing Address

P.O. Box 3449  
Apollo Beach, FL 33572

800002634868--2  
-09/09/98--01035--008  
\*\*\*\*358.75 \*\*\*\*358.75

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

2. New Principal Office Address, If Applicable

13012 Bullfrog Creek Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 599

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

7/6/87

5. FEI Number

59-2828594

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Riverview, FL  
Zip 33569 Country USA

City & State

Gibsonton, FL  
Zip 33534 Country USA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Raleigh Trull	496 Fox Run Trail	Apollo Beach, FL 33572
TD	Steve Platz	7313 Nundy Ave	Gibsonton, FL 33534
VD	John Price	13005 Gleneagles Pl.	Riverview, FL 33569
			9/2
			REINSTATEMENT 96-98 T.S.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Raleigh Trull

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

496 Fox Run Trail

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33572

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

Raleigh A. Trull

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Raleigh A. Trull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)