

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-01 UBR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755436 1. Corporation Name BLACK WATCH SOCCER CLUB, INC.			
2. Principal Office Address 1302 N. 34 STREET Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 82143 Suite, Apt. #, etc.	
City & State TAMPA, FL Zip 33605		City & State TAMPA, FL Zip 33682	

FILED
 01 SEP 24 PM 2:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99-01 UBR

4. Date Incorporated or Qualified To Do Business in Florida 12-09-80	
5. FEI Number 59-2958107	Applied Fee 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 CHARLES ROBINSON 1302 N. 34TH STREET TAMPA, FL 33605		99-01 UBR 173.75 - AR 10.00 - AR 183.75
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: **Charles B. Robinson** Date: **9-18-01**

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	CHRIS COBB	3204 HOEDT ROAD	TAMPA, FL 33618
V/D	BOB BRENNAN	17508 TALLY HO COURT	ODESSA, FL 33556
V/D	BRUCE NOBLE	8750 ASHCROFT DRIVE	TAMPA, FL 33647
S/T	CHARLES ROBINSON	1001 86 AVE. N.	ST. PETE, FL 33702

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 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: **Charles B. Robinson** **CHARLES B. ROBINSON** **9-18-01** **83-248-196R**