

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M87943**

1. Corporation Name

**UNITED BOWLING PRODUCTS, INC.**

Principal Place of Business

Mailing Address

629 S. 8TH STREET  
FERNANDINA BEACH FL 32034  
US

P.O. BOX 1859  
YULEE FL 32091  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1988

5. FEI Number

59-2896808

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLAXTON, W. DOYLE	1002A NATURES WALK	FERNANDINA BEACH FL

000003449180--3  
-11/02/00--01081 015  
\*\*\*\*750.00 \*\*\*\*750.00

10/10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASSETTI, JEFFREY A ESQ.  
406 ASH ST.  
FERNANDINA BCH. FL 32034

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*C. SIGNATURE REQUIRED*

Date 10/18/00

REGISTERED AGENT MUST SIGN  
*A. Jeffrey Tomassetti*

11. 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: *W. Doyle* *CLAXTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000  
Date

904-225-0004  
Daytime Phone #

CR2E040 (8/00)