

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006132

1. Corporation Name

TAMPA BAY WHEELCHAIR SPORTS, INC.

Principal Place of Business

5535 EL CERRO DR  
NEW PORT RICHEY FL 34655

Mailing Address

5535 EL CERRO DR  
NEW PORT RICHEY FL 34655

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

2. New Principal Office Address, If Applicable

10202 MERRIMAC MANOR DR.  
Suite, Apt. #, etc.  
Riverview, FL

City & State

Zip  
33569

Country  
US

3. New Mailing Office Address, If Applicable

10202 MERRIMAC MANOR DR.  
Suite, Apt. #, etc.  
Riverview, FL

City & State

Zip  
33569

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/2002

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STARK, JUSTIN	4320 KIPLING AVE 11095 Auburndale Street	PLANT CITY FL 33566 Spring Hill FL 34609
D	STERNER, BRIAN	2923 NETWORK PL APT 104B 10202 MERRIMAC MANOR DR.	LUTZ FL 33559 Riverview FL 33569
D	GOULD, DAVID	5535 EL CERRO DR	NEW PORT RICHEY FL 34655

8. Name and Address of Current Registered Agent

STARK, JUSTIN

4320 KIPLING AVE

PLANT CITY FL 33566

9. Name and Address of New Registered Agent

Name

Justin Stark

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

11095 Auburndale Street

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Justin Stark*  
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

*Justin Stark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

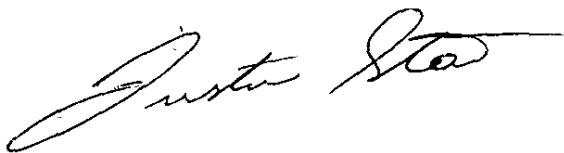
813-844-4286

CR2040 (7/03)

10-13-03

We recently received the notice of revocation/dissolution for our non-profit organization named Tampa Bay Wheelchair Sports, Inc. We never received the UBR notices and therefore are requesting that the reinstatement fee be waived. I have enclosed the UBR filing fee and application for reinstatement. If you have any questions, please contact me at 813-844-4286. Thanks

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Stark", with a stylized, flowing script.

Justin Stark