

REINSTATEMENT 2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

[Handwritten Signature]

DOCUMENT # N02000006144

1. Corporation Name

Saddlebrook Sports Foundation, Inc.

2. Principal Office Address

5700 Saddlebrook Way

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

3. Mailing Office Address

5700 Saddlebrook Way

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

56-2287524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

FILED

03 NOV 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500025029825
11/25/03--01038--012 **236.25

500025029825
11/25/03--01038--011 **8.75

7. Name and Address of Current Registered Agent

Name

Bruce H. Gordon

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

101 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State
FL

Zip Code
33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature of Bruce H. Gordon]
REGISTERED AGENT MUST SIGN

Date

11/21/03

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/S/T/D	Thomas L. Dempsey	5700 Saddlebrook Way	Wesley Chapel, FL 33543
D/AS	Gregory R. Riehle	5700 Saddlebrook Way	Wesley Chapel, FL 33543
D	Kevin O'Connor	5700 Saddlebrook Way	Wesley Chapel, FL 33543
D	John Mayotte	5700 Saddlebrook Way	Wesley Chapel, FL 33543
D	Howard Moore	5700 Saddlebrook Way	Wesley Chapel, FL 33543
AT	Bruce H. Gordon	101 E. Kennedy Blvd., Suite 2800	Tampa, FL 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE H. GORDON, ASST. TREAS.

11/21/03 813-229-7600
Date Daytime Phone #

CR2E081 (10/02)