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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 2007 JUL -9 AH 8: 43 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # NO2 COCOO 86661 1. Corporation Name Southport Buildags Athlectic Association 800106260778 07/17/07--01023--005 **245.00 W07-23040 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1305 market S CR2E081 (1/07) Suite, Apt. #, etc 4. Date Incorporated or Qualified 11-8-02 To Do Business in Florida City & State Applied For 020651814 Not Applicable \$8.75 Additional Fee regulred CERTIFICATE OF STATUS DESIRED for a Certificate of Status Name and Address of Current Registered Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code FL 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 5-2-07 Donald J. Jenlins
REGISTERED AGENT MUST SIGN Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip matheson *lreasurer* Athletic 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: