PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 12 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Lake Region Sports Officials Association

N04000009883

300186587543
10/12/10--01059--006 **236.25
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2601 Thornhill Road	2601 Thornhill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, Florida	City & State: Auburndale, Florida
Zip: 33823 Country: USA	Zip: 33823 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/2004

5. FEI Number: 651235153 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. *Name and Address of Current Registered Agent*

Name: SEAN R PARKER

Street Address (P.O. Box Number Is Not Acceptable): 245 S. CENTRAL AVE.

Suite, Apt. #, Etc.:

City: BARTOW State: FL Zip Code: 33830

REINSTATEM[illegible] 10

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: _____ Date: 10-8-10
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	Robert Bondurant	2601 Thornhill Road	Auburndale, Fl. 33823
V	Tom Short	2022 Deerfield Dr.	Lakeland, Fl. 33813
S	Stan Amsler	3207 Amaga Ct.	Brandon, Fl. 33511
T	Robert Hartley	6019 Mountain Lake Dr.	Lakeland, Fl. 33813
T	Donald Peek	802 NE. 12th Ave	Mulberry, Fl. 33860
T	Reilin Dansfaig	2503 Culbreath Cove Ct.	Valrico, Fl. 33596

10. E-mail Address: Greg.Bondurant@polk-fl.net
(To be used for future annual report notification)

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. I further certify, 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: Robert G. Bondurant 10/6/10 863-860-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/13 pd