




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 AM 11:05

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10/05/09-01037-003 **122.50

REINSTATEMENT 08-09

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO7000012175			
1. Corporation Name Playmakers Bowl, INC.			
2. Principal Office Address - No P.O. Box # 4675 Ashburn Square Drive		3. Mailing Office Address 4675 Ashburn Square Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL.		City & State Tampa, FL.	
Zip 33610	Country United States	Zip 33610	Country United States
4. Date Incorporated or Qualified To Do Business in Florida 12/21/2007			
5. FEI Number 83-0502382		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Ronald Michel			
Street Address (P.O. Box Number is Not Acceptable) 4675 Ashburn Square Drive			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33610
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 9/30/09	
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
VP	Aaron Richardson	9040 Lost Mill Drive	Land O Lakes, FL. 34638
DIR	Radames Cardenas	18803 Marimore Drive	Land O Lakes, FL. 34638
DIR	Ronald Michel	4675 Ashburn Square Drive	Tampa, FL. 33610
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: 		Date 9/30/09 (813) 731-1250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT APPLICATION FORM

Good Afternoon,

My name is Ronald Michel with the Playmakers Bowl and I want to inform you that I never received the notice to renew. In the past the addresses have changed and that's a possible reason why that the notice was not received. I want to inform you and let you know. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Michel', with a long, sweeping horizontal stroke extending to the right.

Ronald Michel