

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12000009453

1. Corporation Name

Florida Scholastic Rowing Association, Inc.

2. Principal Office Address - No P.O. Box #

7400 San Jose Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32217

Country

USA

3. Mailing Office Address

7400 San Jose Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32217

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
October 3, 2012

5. FEI Number

32-0446605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oliver Rosenblatt

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

7400 San Jose Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

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 September 2, 2014

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
D/P	Oliver Rosenblatt	7400 San Jose Blvd.	Jacksonville, FL 32217
D/S	Casey Galvanek	7400 San Jose Blvd.	Jacksonville, FL 32217
D/T	Michael Moseley	7400 San Jose Blvd.	Jacksonville, FL 32217
D	Brett Tillotson	7400 San Jose Blvd.	Jacksonville, FL 32217
REINSTATEMENT			S. HAWKES
2013-2014			SEP 2 - AM

10. E-mail Address: president@floridarowing.org

(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 signing 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

OLIVER ROSENBLATT

9/2/2014

(904) 256-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXAMINED

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
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Account Number : I19980000090
Phone : (407) 839-4200
Fax Number : (407) 839-4264

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
FLORIDA SCHOLASTIC ROWING ASSOCIATION, INC.

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