

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 22 AM 9:28

DOCUMENT # *N 19782*

1. Corporation Name
TRIANGLE UMPIRES ASSOCIATION, INC.

200165320512
01/08/10--01026--006 **306.25

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

3. Mailing Office Address
TUA

Suite, Apt. #, etc.
6677 BORDEAUX BLVD.

Suite, Apt. #, etc.
PO BOX 1040

City & State
LAKELAND FLORIDA

City & State
VALRICO FLORIDA

Zip Country
33811 USA

Zip Country
33595 USA

4. Date Incorporated or Qualified To Do Business in Florida
03-23-1987

5. FEI Number Applied For
59-2895860 Not Applicable

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

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name
GREGORY JOHN HOFSTETTER

Street Address (P.O. Box Number is Not Acceptable)
6677 BORDEAUX BLVD

Suite, Apt. #, Etc.

City State Zip Code
LAKELAND FL 33811

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
** PLEASE SEE ATTACHED LETTER*

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 *[Signature]* Date *1-4-2010*
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
<i>P</i>	<i>TERRY GUILD - D</i>	<i>6103 HERON CREST COURT</i>	<i>LITHIA FL 33547</i>
<i>T</i>	<i>TODD LONG - D</i>	<i>6604 STAFFORD TERRACE AVE</i>	<i>PLANT CITY FL 33565</i>
<i>M</i>	<i>GREG HOFSTETTER - D</i>	<i>6677 BORDEAUX BLVD.</i>	<i>LAKELAND FL 33811</i>

REINSTATEMENT *04-10* 200165320512
B 1/25/10 01/25/10--01003--003 **166.25

10. E-mail Address: *GJ HOFSTETTER @TAMPABAY.RR.COM*
(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: *[Signature]* Date *1-4-2010* Daytime Phone # *863-701-3806*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR