

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21468

1. Corporation Name

EAST BAY BUCCANEERS FOOTBALL LEAGUE, INC.

Principal Place of Business

13012 BULLFROG CREEK RD.
RIVERVIEW FL 33569

Mailing Address

P.O. BOX 599
GIBSONTON FL 33534

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5/14/01 90086/022 01.25
[Barcode]

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

07/06/1987

5. FEI Number

59-2828594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	PRICE, JOHN	18005 GLENEAGLES PL.	RIVERVIEW FL 33569
TD	PLOTZ, STEVE	7313 NUNDY AVE	GIBSONTON FL 33569
PD	SMITH, DALLAS	6615 KRYCUAL AVE	RIVERVIEW FL 33569
PD	DAVIS KENNETH	1210 TULIPWOOD DR.	SEFFNER FL 33584
VD	Lind Mathias	9409 Oakridge Ave	Riverview, FL 33569
TD	Angela Norton	11911 Cedarfield Dr	Riverview, FL 33569

8. Name and Address of Current Registered Agent

SMITH, DALLAS
6615 KRYCUAL AVE
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name
KENNETH DAVIS
Street Address (P.O. Box Number is Not Acceptable)
1210 TULIPWOOD DR
Suite, Apt. #, Etc.
200006207222--6
City
SEFFNER

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kenneth Davis SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

200006207222--6
-07/05/02--01004--006
Date *****175.00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Kenneth Davis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/01
Date

813-653-9595
Daytime Phone #

CR20040 (8/01)