

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 FEB 24 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N22782**

1. Corporation Name

**FLORIDA SPORTS WRITERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

%PAUL C. DAVIS  
ONE HARBOUR PLACE, S-500  
TAMPA FL 33602

%PAUL C. DAVIS  
ONE HARBOUR PLACE, S-500  
TAMPA FL 33602



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

**REINSTATEMENT** 90-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1424500

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DOOLEY, PAT	2700 SW 13TH ST.,	GAINESVILLE FL
STD	BINETTE, WILFRID	650 6TH STREET, S.W.	WINTER HAVEN FL
VD	GRABARCZYK, DOUG	1 RIVERSIDE AVE	JACKSONVILLE FL
VD	THOMAS, BOB	1 RIVERSIDE	JACKSONVILLE FL
VD	<del>BLANCHI, MIKE</del> BIANCHI, MIKE	1 RIVERSIDE AVE	JACKSONVILLE FL
			JB2-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, PAUL C.  
ONE HARBOUR PLACE, S-500  
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

100002096811--0

City

-02/25/97--01083--012  
\*\*\*\*306, State FL \*\*\*\*306.25

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

*Paul C. Davis*

REGISTERED AGENT MUST SIGN

Date

12/30/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Douglas Grabarczyk* DOUGLAS GRABARCZYK 1/10/97 (904) 346-3910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (7/96)