PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1998 NOV 23 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24477

1. Corporation Name

EASTCOAST BASKETBALL OFFICIALS ASSOCIATION, INC

Principal Place of Business	Mailing Address
2135 SOUTH CONGRESS AVE SUITE 3C WEST PALM BEACH FL 33406 US	17370 128TH TRAIL NORTH JUPITER FL 33478 US

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

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/1988

5. FEI Number: 65-0023193 ☐ 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 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
D	WILLIAMS, RUSSELL	1704 CHADWICK COURT	LANTANA FL
D	ARNETTE, BERNARD	4336 FOREST HILL BLVD., #167	W PALM BCH FL
D	CARTER, RICK	17370 128TH TRAIL NORTH	JUPITER FL
D	ERWIN, JOE	6663 LAKE ISLAND DR	LAKE WORTH FL

REINSTATEMENT '98
Scc 11-23-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MEGIAS, CARLOS 2135 SOUTH CONGRESS AVE. #3C WEST PALM BEACH FL 33406	Name Street Address (P.O. Box Number is Not Acceptable) 900002700029--9 Suite, Apt. #, Etc. -12/02/98--01036--010 City / State / Zip Code ****236.25 ****236.25- FL

CR2E040 (9/98)

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: Carlos Megias SIGNATURE REQUIRED — Date: 11/18/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Rick Carter RE RICK CARTER — 11/13/98 — (561) 796-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #