

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24477**

1. Corporation Name

EASTCOAST BASKETBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

2135 SOUTH CONGRESS AVE
SUITE 3C
WEST PALM BEACH FL 33406
US

Mailing Address

3928 FLAG DR.
PALM BEACH GARDENS FL 33410
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

FILED

03 AUG 28 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600021522096

08/28/03--01054--005 **61.25



600021522096

07/14/03--01074--014 **238.25

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILLIAMS, RUSSELL Michael Jackson	1704 CHADWICK COURT 5265 Cedar Lake Rd. # 611	LANTANA FL Boynton Beach, FL 33437
D	HARPER, ANDREW Titus Rich	PO BOX 1992 617 South Mangonia Circle	W PALM BCH FL 33410
D	PAYNE, ANTHONY	112 E. 23RD ST.	RIVIERA BEACH FL 33404
D	ERWIN, JOE	6663 LAKE ISLAND DR	LAKE WORTH FL
S	JOHANSON, JEFF Smith, Scott	3928 FLAG DR. 165 Sedona way	PALM BEACH GARDENS FL 33410 Palm Beach Gardens, FL 33410
P	LIGUORI, JOE Bernard Arnette	10678 FERNTREE WAY 712 West Jasmine Dr.	BOYNTON BEACH FL 33436 Lake Park, FL 33403

8. Name and Address of Current Registered Agent

MEGIAS, CARLOS
2135 SOUTH CONGRESS AVE. #3C
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

Name Scott Smith
Street Address (P.O. Box Number is Not Acceptable)
165 Sedona way
Suite, Apt. #, Etc.

Palm Beach Gardens

State FL Zip Code 33410

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-6-03

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 automatic reinstatement. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-03 (561) 820-2223

CR2E040 (8/02)