

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 24 PM 2: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N31462

1. Corporation Name

Florida State Bowling Association Inc

2. Principal Office Address

205 Joel Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

205 Joel Blvd

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

Zip

33972

Country

USA

Zip

33972

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/89

5. FEE Number

23-7423441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert J Peters Sr

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

205 Joel Blvd

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33972

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

*Robert J Peters Sr*

REGISTERED AGENT MUST SIGN

Date

05/17/06

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
P/D	Thomas N Garrett	1980 Heather Street	Mt Dora FL 32757
VP/D	John R Tinney	3 Sewanee Circle	Panama City FL 32405
M/D	Robert J Peters Sr	520 Grant Avenue	Lehigh Acres FL 33972

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J Peters Sr

05/17/06

Date

239-369-2638

Daytime Phone #