

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 11 11:06

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **N32321**

**1. Corporation Name**

BAY AREA RAIDERS FOOTBALL ORGANIZATION, INC

**2. Principal Office Address**

1106 E. Humphrey street

Suite, Apt. #, etc.

**City & State**

Tampa, florida

**Zip**

33604

**Country**

**3. Mailing Office Address**

P.O. Box 18643

Suite, Apt. #, etc.

**City & State**

Tampa, florida

**Zip**

33679

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/14/89

**5. FEI Number**

59-3046854

**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**

CARLA PLATO

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

6708 Himes Avenue

**Suite, Apt. #, Etc.**

**City**

Tampa

500054212555  
05/10/05--01051--028 \*\*245 00  
State Zip Code  
FL 33611

**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

Carla Plato

Date

4/5/05

REGISTERED AGENT MUST SIGN

**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
PD	PAMELA W. BROWN	1106 E. Humphrey Street	TPA. FL 33604
SD	CARLA PLATO	6708 Himes AVE	tpa. FL 33611
CD	DEHARIA PEOPLES	3203 Tacon St. Apt A	TPA. FL 33629

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/05

813 974-4213

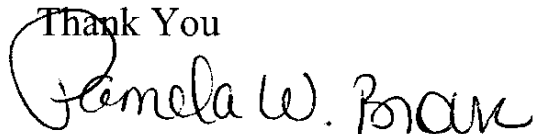
CR2E081 (01/05)

262

To Whom It May Concern:

This notice is to request the waiver of the reinstatement fee for our organization. Back in 2002 the head of the organization changed and the notice for our annual report was never received by the current director. In fact it wasn't until recently that we were aware that this process was supposed to be done every year. Please advise so that we can reinstate our organization.

Thank You

Handwritten signature of Pamela W. Brown in cursive script.

Pamela W. Brown

Bay Area Raiders  
813-974-4213 WK  
813 293-9600 cell