

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

00 SEP 11 AM 8:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N32438

1. Corporation Name

FLORIDA SHRINE BOWL ASSOCIATION, INC.

Principal Place of Business

3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE FL 32245-6039

Mailing Address

3800 ST. JOHN'S BLUFF ROAD
PO BOX 16039
JACKSONVILLE FL 32245-6039

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

05/22/1989

5. FEI Number

59-0143435

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
VP	ROGER WILLIAMS	13691 LITTLE HARBOR CT	JACKSONVILLE FL 32225
P	ARTHUR L. DOSS	6289 NANCY DRIVE	JACKSONVILLE FL 32224
ED	PAPA, VICTOR H	1570 LEBARON AVENUE	JACKSONVILLE, FL 32207
DS	MOTLEY, JACK A SR	1369 BLACKHAWK TRAIL E.	JACKSONVILLE FL 32225
DT	DROUGHT, DONALD	7837 BAYMEADOWS CIR W	JACKSONVILLE, FL 32256

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09/20/00-01002-005

8. Name and Address of Current Registered Agent

BRYANT, JOHN N.
1101 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of John N. Bryant
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-5-00

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:

Signature of Victor H. Papa
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR H. PAPA

Date

9-5-00

Daytime Phone #

CR2E040 (9/98)