

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

96 DEC 23 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34893**

1 Corporation Name
SUNCOAST BASKETBALL REFEREES, INC.

Principal Place of Business Mailing Address
% STEPHEN G. WATTS % STEPHEN G. WATTS
611 DRUID RD. E. #102 P O BOX 10213 611 DRUID RD. E. #102 P O BOX 10213
CLEARWATER FL 34617 CLEARWATER FL 34617



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

REINSTATEMENT 10/21/96

2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

~~Old Anthony A PERNA JR~~ ~~PO Box 10104~~ ~~LARGO, FLORIDA~~ ~~34613-0104~~ ~~U.S.A.~~
~~Old Anthony A PERNA JR~~ ~~PO Box 10104~~ ~~LARGO, FLORIDA~~ ~~34613-0104~~ ~~U.S.A.~~

4. Date Incorporated or Qualified To Do Business in Florida
10/25/1989

5. FEI Number **59-2974405** 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GROMBALA, ANDREW <i>Rick Cecil</i>	611 DRUID ROAD <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>
VP	CECIL, RICK <i>Bob Sutton</i>	611 DRUID RD. <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>
SD	TAYLOR, STEVE <i>Art Buccino</i>	611 DRUID RD. <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>
TD	STUART, RON <i>Anthony A Perna JR</i>	611 DRUID RD. <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>
D	SUTTON, BOB <i>Jeff Amper</i>	611 DRUID RD. <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>
D	BUCKINGHAM, MIKE	611 DRUID RD. <i>680 CARRI BLVD</i>	CLEARWATER FL <i>TI, FL 33706</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WATTS, STEPHEN G.~~
~~611 DRUID RD E #102~~
~~CLEARWATER FL 34610~~
Anthony A Perna Jr
680 CARRI BLVD
TI, FL 33706

Name *Anthony A Perna JR*
Street Address (P.O. Box Number is Not Acceptable) *680 CARRI BLVD*
Suite, Apt. #, Etc. *300002036803--8*
City *TI* State *FL* Zip *33706*

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 *Anthony A Perna Jr*
REGISTERED AGENT MUST SIGN

Date *10-21-96*
300002036803--8
-12/24/96--01076--001
******61 FL 33706*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

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: *Anthony A Perna Jr* *Anthony A Perna JR* *10-21-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *813-584-5566*