

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35010

1. Corporation Name

Sunshine State Athletic Conference, Inc.

2. Principal Office Address - No P.O. Box #

7061 Grand National Dr.

3. Mailing Office Address

7061 Grand National Dr.

Suite, Apt. #, etc.

Suite #140

Suite, Apt. #, etc.

Suite # 140

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

CR2E081 (12/08)

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

11/02/1989

5. FEI Number

590624459

☐ 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

Michael J. Marcil

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

1411 Celebration Ave.

Suite, Apt. #, Etc.

7-402

City

Celebration

State

FL

Zip Code

34747

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

m j marcil

REGISTERED AGENT MUST SIGN

Date **6/25/09**

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
Dr.	Anne Kerr	111 Lake Hollingsworth Dr.	Lakeland, FL 33801
Ms.	Pennie Parker	1000 Holt Ave.	Winter Park, FL 32789
Mr.	Bill Jurgens	150 W. University Blvd.	Melbourne, FL 32901
			700157827937
			06/26/09--01015--001 ***306.25

REINSTATEMENT

RLK

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:

Dr. Anne Kerr (Signature) Anne Kerr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/09

Date

407-248-8460

Daytime Phone #