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245-6059 option 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 SEP 24 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39880

1. Corporation Name

SOUTHEAST FOOTBALL OFFICIALS ASSOCIATION  
INC.

2. Principal Office Address

1336 SHERMAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 36241

Suite, Apt. #, etc.

City &amp; State

PANAMA CITY, FLORIDA

Zip

32401

Country

US

City &amp; State

PANAMA CITY

Zip

32401

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

8-24-1990

5. FEI Number

59-3025075

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

JACK OGLESBY

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

329 N. BONITA AVE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

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

Date 9-19-06

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	Tom KASPAR	4133 DANNY DRIVE	PANAMA CITY BEACH, FL 32408
VD	DON INMAN	2016 GERALD LANE	LYNN HAVEN, FL 32440
S	JACK OGLESBY	329 N. BONITA AVE	PANAMA CITY FL 32401
T	GERALD GOODMAN	4356 CAREY BLVD.	CHIPLEY FL 32428
			4100080222344 09/27/06--01048--025 **542.50

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

9-19-06

Date

850-769-8851

Daytime Phone #

9/25  
9/27