

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 28 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N41411**

**1. Corporation Name**

Tallahassee Sports and Hospitality, Inc.

**2. Principal Office Address**

106 East Jefferson Street

Suite, Apt. #, etc.

**City & State**

Tallahassee, Florida

**Zip**

32301

**Country**

USA

**3. Mailing Office Address**

106 East Jefferson Street

Suite, Apt. #, etc.

**City & State**

Tallahassee, Florida

**Zip**

32301

**Country**

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/20/1990

**5. FEI Number**

593043754

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**

John E. Citron

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

Suite, Apt. #, Etc.

**City**

Tallahassee

**State**

FL

**Zip Code**

32301

**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

REGISTERED AGENT MUST SIGN

Date 04/28/2004

**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	Ron Brafford, CSI Healthcare Inc.	3512 Maclay Boulevard, Suite 102	Tallahassee, Florida 32312
STD	Karen Moore, Moore Consulting Group	2011 Delta Boulevard, Suite 2	Tallahassee, Florida 32303
D	John E. Citron, TLH Sports Council	106 East Jefferson Street	Tallahassee, Florida 32301
D	Bernie Waxman, FSU Dept. Athletics	PO Drawer 2195	Tallahassee, Florida 32316
D	Don D. Dye, The Dye Law Firm	PO Box 4148	Tallahassee, Florida 32315
D	Wally Woodham, Woodham & Assoc.	3726 Kerry Court	Tallahassee, Florida 32308

**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 #

04/28/2004

850-413-8761

CP2E081 (01/04)