

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR.-8 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42942**

1. Corporation Name

Skaters Activity Fund Effort Inc.

2. Principal Office Address

1884 Painted Bunting Circle

3. Mailing Office Address

P.O. 14736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Clearwater, FL

Zip

34683

Country

USA

Zip

33766

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April, 1991

5. FEI Number
593050938

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

Paul A. Lefave

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

1884 Painted Bunting Circle

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code
34683

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 Feb 6, 2004

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
P/V	Dana Hall	1615 Brady Drive	Dunedin, FL 34698
T	Paul Lefave	1884 Painted Bunting Circle	Palm Harbor, FL 34683
S	Shari Gaines	2800 Witley Avenue	Palm Harbor, FL 34685
D	Sue Phillips	1943 Argile Drive	Dunedin, FL 34698
D	Pam Huff	229 Normandy Circle E.	Palm Harbor, FL 34683
D	Nancy Bello	1843 Princeton Drive	Clearwater, FL 33765

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:

Paul Lefave

2/6/04

727.798.2567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

SKATERS ACTIVITY FUND EFFORT, INC.

Tax Id Number: 59-3050938

P.O. BOX 14736

Clearwater, FL 33766

FAX (813) 839-0897

Dana Hall-President (727) 432-3383 cell

Shari Gaines-Secretary (727) 742-6283 cell

Paul Lefave-Treasurer (727) 798-2567 cell

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Request that reinstatement fees be waived.
Document # N42942

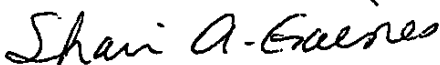
To Whom It May Concern:

It has come to our attention that we have not filed the required annual reports since the year 2000. Due to our organization changing our Post Office Box and officer/director changes, we never received any notification that we needed to file an annual report. We are current with the IRS, Department of State-Department of Agriculture and Consumer Affairs, and our county permits.

We are submitting the required fees for each missed filing and are asking that you please waive our reinstatement fee.

Thank you for your prompt attention and consideration in this matter.

Sincerely,



Shari A. Gaines
Secretary, Skater's Activity Fund Effort, Inc.

We are a 501(c)3 nonprofit figure skating organization helping to defray travel expenses associated with National, and International competitions.