PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO	Control of the Contro	\$	DEPAR Secretary SION OF C	y of S			FILED 07 NOV 21 PH 4: 25	5
DOCUMENT # N47267 1. Corporation Name						12	SECRETART DE STATE TALLAHASSEE, FLORIDA	1	
Suncoast Bingo Council,Inc.							200112506342 .1/21/0701028006 **367.50		
2. Principal Office Address - No P.O. Box# 9830 Mark Twain Lane 9830				ffice Addres Mark	s T	wain Ln.	den	VSTAZEMENT 02-07	ı
Suite, Apt. #, etc. Suite, A				#, etc.				porated or Qualified	Wop
City & State Port	Richey	Port Richey,FL.			FL.	59-318	hess in Florida 3-11-93- Applied For Not Applicable		
² 3466	3466 Salar			3	Cour	niry	6. CERTIFICATE	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent									
Dorothy R. Hinnant						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			
9830 Mark Twain Lane									
Suite, Apt. #, Etc.									
Port	State 34668			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 A REGISTERED AGENT MUST SIGN								Date 11-19-67	
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			7	City / Starte / Zip	
President	Dorothy R. Hinnant			9830 Mark Twain			n Ln.	Port Richey,FI 34668	
V-Pres	Emil Yanetti			1447 Honor Dr.				Holiday,FL.34690	
Secretary	Marie Montalbano			9642 Rainelle Dr.			r.	Port Richey, FL. 34668	
Treasurer	Bridget Bonica			9103 Cotswald Dr.			Dr.	New Port Richey,FL 34655	
Director	Nicholas Paglione			9815 Bishop Ln.			•	Port Richey,FL.34668	
Director	Rima 1	9740 Glen Moor Dr.			Dr.	Port Richey,FI.34668			
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 filling 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 eccurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Dorothy R. Hinnant, Pres. / 1/2/07 727 389 0950 Devitine Phone #									