

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 24 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 47407

1. Corporation Name

Southwest Florida Bowling Association Inc

2. Principal Office Address

205 Joel Blvd

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip
33972

Country
USA

3. Mailing Office Address

205 Joel Blvd

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip
33972

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/92

5. FEI Number

59-2788086

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

Robert J Peters Sr

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

205 Joel Blvd

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33972

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

Robert J Peters Sr

REGISTERED AGENT MUST SIGN

Date 05/17/06

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/D	Daniel J Higham	2332 Coral Point Dr	Cape Coral FL 33904
VP/D	Robert H Santimaw	218 SE 26th Terrace	Cape Coral FL 33904
M/D	Robert J Peters Sr	520 Grant Avenue	Lehigh Acres FL 33972
	<i>8/5/24</i>		

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:

Robert J Peters Sr

Robert J Peters Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/06

Date

239-369-2638

Daytime Phone #