

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N93000002406

1. Corporation Name

ASSOCIATION

BAY AREA YOUTH WHEELCHAIR ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1400 19TH ST NORTH
 ST. PETERSBURG FL 33704
 US

1400 19TH ST NORTH
 ST. PETERSBURG FL 33704
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1400 19th St North

City & State

St. Petersburg, FL

Zip

33704

Suite, Apt. #, etc.

1400 19th St North

City & State

St. Petersburg, FL

Zip

33704

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--------------------------|
| S | APPEL, DIANE | 12125 4TH ST EAST | TREASURE ISLAND FL 33706 |
| D | BOL, AMEY | 507 CROOKED PINE CT | LARGE FL 33770 |
| T | BOL, DEBBIE | 507 CROOKED PINE COURT | LARGO FL |
| P | JAY, JENNIFER | 6421 LAKESHORE DR. N | ST PETERSBURG FL |
| VP | MONCEAUX, DAVID | 12070 RACETRACK ROAD | TAMPA FL |
| VP | MONCEAUX, DAVID | 12070 RACETRACK ROAD | TAMPA FL |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAHDERT, GEORGE K
 535 CENTRAL AVE.
 ST. PETERSBURG FL 33701

Name: Rahdert, George K.
 Street Address (P.O. Box Number is Not Acceptable): 535 Central Ave.
 Suite, Apt. #, Etc.:
 City: St. Petersburg
 State: FL Zip Code: 33701

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

Yes ☐ No ☒

12. 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

99 MAR - 8 AM 10:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

04/02/1992

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3167414

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)