

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 5:00

DOCUMENT # N93000002406

1. Corporation Name

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.

Suite, Apt. #, etc.

City & State

City & State

Zip 33713

Country

Zip 33713

Country

REINSTATEMENT

To Do Business in Florida

04/02/1992

5. FEI Number

59-3167414

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S D	APPEL, DIANE WRIGHT, WILLIAM	12125 4TH ST EAST 9019 TREASURE LANE NE	TREASURE ISLAND FL 33708 ST. PETERSBURG, FL 33702
B S(S)	BOL, AMEY SANDS, ARLEEN	507 CROOKED PINE ST 1155 42 AVE. N.	LARGE FL 33770 ST. PETERSBURG, FL 33713
T T(T)	BOL, DEBBIE VAN CAMP, BARBARA	507 CROOKED PINE COURT 1400 19 STREET N.	LARGE FL ST. PETERSBURG, FL 33713
P T	JAY, JENNIFER BECK, KARL	8421 LAKESHORE DR. N 806 BROOKSIDE DRIVE	ST PETERSBURG FL CLEARWATER, FL 33764
VP	MONCEAUX, DAVID	12070 RACETRACK ROAD	TAMPA FL
VP	MONCEAUX, DAVID	12070 RACETRACK ROAD	TAMPA FL

8. Name and Address of Current Registered Agent

~~RAHERT~~
RAHERT, GEORGE K
535 CENTRAL AVE.
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
100003532531--4
Suite, Apt. #, Etc.
-01/11/01-01035-021
****61.25 ****61.25
City
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara G. Van Camp
REGISTERED AGENT MUST SIGN

100003532531--4
Date 01/11/01-01035-022
****175.00 ****175.00

11. 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara G. Van Camp

16 December 2000

Date

Daytime Phone #

(727) 893-7899

CR2E040 (8/00)