

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 10, 2003 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

1. Corporation Name

The Sarasota Wrestling Boosters, Inc.

*N93000005433*

2. Principal Office Address

4155 Ponea Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4155 Ponea Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34241

Country

USA

Zip

34241

Country

USA

8000009942798  
01/08/03--01020--005 \*\*420.00  
**REINSTATEMENT** 00-03

4. Date Incorporated or Qualified  
To Do Business in Florida

December 2, 1993

5. FEI Number

65-0491096

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

Michael D. Perry

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

4155 Ponea Drive

Suite, Apt. #, Etc.

City

Sarasota

State  
**FL**

Zip Code

34241

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

*Michael D. Perry*

REGISTERED AGENT MUST SIGN

Date *Dec 30, 2002*

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 <i>D</i>	William Wright	3151 Lockwood Lake Court	Sarasota, FL 34234
S <i>D</i>	Juana Isabel Lopez	2725 Stratford Drive	Sarasota, FL 34232
T <i>D</i>	Michael D. Perry	4155 Ponea Drive	Sarasota, FL 34241

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:

*Michael D. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dec 30, 2002*  
Date

*(941) 378-5992*  
Daytime Phone #

CR2E081 (9/01)

*2/11/03*