PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 26 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N94000003375**

1. Corporation Name
FLORIDA AQUATIC SWIM TEAM, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 12605 GAINESVILLE FL 32604	POST OFFICE BOX 12605 GAINESVILLE FL 32604

REINSTATEMENT 97 av

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 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/05/1994

5. FEI Number: 59-3289622 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	~~MOGRIFF, PERRY C JR~~ FEDLER, TONY	~~2000 NW 24TH WAY~~ 9707 S.W. 55th RD	GAINESVILLE FL ~~32605~~ 32608
DT	GYLLSTROM, THOMAS	8602 SW 5TH PL	GAINESVILLE FL 32607
DS	~~GILLIAM, ERVA~~ HALFACRE, SUSAN	~~2600 SW WILLISTON RD. APT. 1805~~ 5022 N.W. 76th LANE	GAINESVILLE FL ~~32608~~ 32653
D	MARTIN, SUSAN COONS, TIMOTHY	~~5207 NW 85TH LANE~~ 8331 S.W. 57th PL.	GAINESVILLE FL ~~32605~~ 32608
DV	~~LATHROPE, BEVERLY~~ POLLOCK, MICHAEL	~~1925 NW 27TH STREET~~ 2220 N.W. 28th ST.	~~GAINESVILLE FL 32605~~ GAINESVILLE, FL. 32605
DR	~~BASTAK, CHUCK~~ HAHN, MARY	~~16351 N.E. 51ST ST.~~ 1121 SW 76th TERRACE	~~WILLISTON FL 32696~~ GAINESVILLE, FL. 32607

8. Name and Address of Current Registered Agent

~~WAGNER, DAVID W~~
~~912 NW 45TH TERRACE~~
~~GAINESVILLE FL 32611~~

9. Name and Address of New Registered Agent

Name: GILLSTROM, THOMAS H,
Street Address (P.O. Box Number is Not Acceptable): 3300 S.W. ARCHER RD.
Suite, Apt. #, Etc.: C/O FLAD & ASSOCIATES INC.
City: GAINESVILLE State: FL Zip Code: 32608

CR2E040 (8/97)

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: Thomas H. Gillstrom
REGISTERED AGENT MUST SIGN

Date: 12/03/97-01089--012 ****236.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: Thomas H. Gillstrom — THOMAS H. GILLSTROM — 11/24/97 — 352-377-6884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #