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
98 JAN -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005848**

1. Corporation Name

OPTIMIST VOLLEYBALL ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
6829 WALDEN CIRCLE TALLAHASSEE FL 32311	6829 WALDEN CIRCLE TALLAHASSEE FL 32311

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 1503 Wekewa Nene
City & State Tallahassee, FL
Zip 32301 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 1503 Wekewa Nene
City & State Tallahassee, FL
Zip 32301 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/29/1994

5. FEI Number NOT APPLICABLE ☐ 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
D	MILLER, THOMAS W	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301
PD	~~SMITH, ROB~~ Christian Weiss	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301
D	KNOX, CAROL A	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301
D	BLEAKLEY, SARAH M	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301
STD	~~BARNES, KAREN S~~ Jim Cox	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301
D	JENSEN, PETER	C/O ~~6829 WALDEN CIRCLE~~ 1503 Wekewa Nene	TALLAHASSEE FL ~~32311~~ 32301

8. Name and Address of Current Registered Agent

BLEAKLEY, SARAH M
315 S. CALHOUN STREET
SUITE 800
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City ****297 State FL

-01/08/98--01103--010
297.50

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 Sarah M Bleakley Date 1-4-97
REGISTERED AGENT MUST SIGN

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: Christian Weiss Christian Weiss 1/4/98 488-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E042 (9/97)