

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N94000006080

1. Corporation Name

SUNCOAST FOOTBALL COACHES ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

~~TOM BOSTIC~~
2008 WINDING OAKS DR
PALM HARBOR FL 34683
US

~~TOM BOSTIC~~
5405 HERCULES AVE
CLEARWATER 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

Don Davis

Suite, Apt. #, etc. 614 Heatherwood Ct

City & State Tarpon Springs FL

Zip 34689

Country PINELLAS

3. New Mailing Office Address, If Applicable

Sam Roper

Suite, Apt. #, etc. 8401 131st St N.

City & State Seminole FL

Zip 33776

Country PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

12/12/1994

5. FEI Number

65-0616588

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State/Zip
PD	BOSTIC, TOM Don Davis	2008 WINDING OAKS DR 614 Heatherwood Ct	PALM HARBOR FL 34683 Tarpon Springs FL 34689
VD	EVERETT, MARK Phil Hayford	129 OVERSTREET CT Shorecrest Prop	PALM HARBOR FL 34683 St. Petersburg Dunedin FL
VD	STEPHENS, BOB Tom Keelen	3408 BRIARWOOD LN 3345 Hickorywood Way	SAFETY HARBOR FL 34695 Tarpon Springs FL 34689
DS	BRUCH, BRIAN	3034 HOMESTEAD OAKS DR	CLEARWATER FL 34695
D	ROPER, SAM	8401 131ST N 8401 131st St N	SEMINOLE FL 33776
V	GORDON, JEAN P Mike June	824 58 ST S 1717 Capri Lane	GULFPORT FL 33707 Tarpon Springs

8. Name and Address of Current Registered Agent

BOSTIC, G. THOMAS
5405 HERCULES AVE
CLEARWATER FL 33704

9. Name and Address of New Registered Agent

Name Don Davis
Street Address (P.O. Box Number is Not Acceptable) 614 Heatherwood Ct
Suite, Apt. #, Etc.
City Tarpon Springs State FL Zip Code 34689

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

REGISTERED AGENT MUST SIGN

Date 11-16-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-01 727-796-7901



FILED
01 DEC -7 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA