

1-2-68



08 NOV -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

1. Corporation Name
Suncoast Football Coaches Association
of Pinellas County.

3. Mailing Office Address

1300 Silver Eagle dr.

Suite, Apt. #, etc:

City & State

City & State

Tarpon Springs, FL

Zip
34688

Country
US

Zip

Country

7. Name and Address of Current Registered Agent

Name Robert Hudson

Street Address (P.O. Box Number is Not Acceptable)
1300 Silver Eagle dr.

Suite, Apt. #, Etc.

City Tarpon Springs

State
FL

Zip Code
34688

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

Date 11/3/08

REGISTERED AGENT MUST SIGN

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
President	Robert Hudson	4808 Yellowstone dr. New Port Richey FL 34655	— 9
V. Pres	Joe Fabrizio	259 Madeira Circle	Tierre Verde, FL 33715
Treas.	Sam Roper	704 Wilding and Oak Ct.	Safety Harbor, FL 34695
Sec.	Michael Jalazo	1118th Ave N. Apt D	ST. Pete, FL 33701

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 contained in Chapter 119, 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

Robert Hudson

11/3/08 727

Daytime Phone #