

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

96 DEC 20 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001768

1 Corporation Name

BIG BEND BASKETBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10407  
TALLAHASSEE FL 32302

P.O. BOX 10407  
TALLAHASSEE FL 32302



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3086124

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Carey Drayton	4461 Coal Emerald Dr.	Tallahassee, FL 32303
M/D	Rodney Rucker	6604 War Admiral Tr.	Tallahassee, FL 32308
T/D	Scott Sears	1908 Doan Dr.	Tallahassee, FL 32308
			200002036862--5 -12/24/96--01076--015 ****236.25 ****236.25
			3612-20-96

8. Name and Address of Current Registered Agent

HARRIS, BOB L ESQ.  
216 S. MONROE ST.  
SUITE 200  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

SCOTT SEARS

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

1908 Doan Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

SCOTT SEARS  
REGISTERED AGENT MUST SIGN

Date 10/22/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

SCOTT SEARS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/96  
Date

891-3946  
Daytime Phone #