

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glen E. Hood
Secretary of State
DIVISION OF CORPORATIONS

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.

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

04/13/1995

5. FEI Number

59-3086124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

FILED
03 DEC 17 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



900025189199

12/03/03--01031--003 **175.00

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	4. City / State / Zip
PD	TOTSON, AL	2000 N. MERIDIAN RD #234	TALLAHASSEE FL
MD	ECITRYM, LAMAR	3865 WINDEMERE RD.	TALLAHASSEE FL 32311
TD	SEARS, SCOTT	3613 CAGNEY DRIVE	TALLAHASSEE FL
			12/17/03--01070--002 **61.25
			900025189199 12/17/03--01070--002 **61.25

8. Name and Address of Current Registered Agent

SEARS, SCOTT
3613 CAGNEY DR.
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
[Signature]

REGISTERED AGENT MUST SIGN

Date

12/1/03

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

12/1/03
Date

891-3946
Daytime Phone #

CR2E040 (7/03)