

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JUL 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900131811039
07/24/08--01031--002 **61.25

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9500002737

1. Corporation Name

Sunshine Officials Association-Wrestling, Inc.

2. Principal Office Address - No P.O. Box #

9040 Town Center Parkway

Suite, Apt. #, etc.

Suite 110

City & State

Bradenton, Florida

Zip

34202

Country

Manatee

3. Mailing Office Address

9040 Town Center Parkway

Suite, Apt. #, etc.

Suite 110

City & State

Bradenton, Florida

Zip

34202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1995

5. FEI Number

650609667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Devron L. Doyno

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

9040 Town Center Parkway

Suite, Apt. #, Etc.

Suite 110

City

Bradenton

State

FL

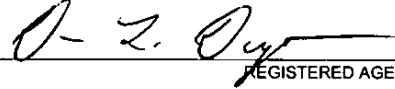
Zip Code

34202

☒ 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.

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 06/20/2008

REGISTERED AGENT MUST SIGN

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
P	Walter Allison	3675 Shore Blvd.	Oldsmar, Fl. 34677
VP	Ken Rico	5263 102nd Street N.	St. Petersburg, Fl. 33708
S	John Lawton	1100 Pine Ridge Cir. West # 101F	Tarpon Springs, Fl. 34688
T	John W. Niles	9773 1st Street NE	St. Petersburg, Fl. 33702
06/27/08 01025 006 *376.25 2002-08			
REINSTATEMENT			

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 included 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

6/20/08
Date

(813) 855-8383
Daytime Phone #