

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000004553**

1. Corporation Name

SPIRIT OF TAMPA BAY BOYS BASKETBALL CLUB, INC.

Principal Place of Business

**4404 MCELROY AVENUE
TAMPA FL 33611**

Mailing Address

**4404 MCELROY AVENUE
TAMPA FL 33611**

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

50-3344187

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSON, GREG J	4515 SAN RAFAEL	TAMPA FL 33629
D	PARSONS, THOMAS B	5521 HANLEY RD.	TAMPA FL 33634
D	ALBERTSON, SYLVIA	8311 S. LONE AVE	TAMPA FL 33618
D	BROWN, CHARLES G.	4404 MCELROY AVE	TAMPA, FL 33611
			000003034000--4 -11/03/99--01058--012 ****245.00 ****245.00
			11/12

8. Name and Address of Current Registered Agent

**BROWN, CHARLES G
4404 MCELROY AVENUE
TAMPA FL 33611**

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.

Signature of
Registered Agent

Charles G. Brown

REGISTERED AGENT MUST SIGN

Date

10-25-99

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:

Charles G. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-99

Daytime Phone #

813-232-9418

CR20240 (8/99)