

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000000380

1. Corporation Name

BLAZE JUNIOR VOLLEYBALL CLUB, INC.

Principal Place of Business

253 DEERWOOD CIRCLE  
MIDDLEBURG FL 32068

Mailing Address

253 DEERWOOD CIRCLE  
MIDDLEBURG FL 32068

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/1996

5. FEI Number

59-3384926

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOLSTE, PHILLIP	1223 BEAR RUN BLVD	ORANGE PARK FL 32065
VPD	HUGHES, JIM	3411 SHENANDOAH DR W	ORANGE PARK FL 32073
TSD	HOLSTE, ANGIE Sue Ellen Patrick	1023 BEAR RUN BLVD 253 Deerwood Cir	Middleburg ORANGE PARK FL 32065
TD	PREWITT, CARRIE	258 DEERWOOD CIR 5108 <sup>N</sup> Chicory	MIDDLEBURG FL 32068
			300003463653--7 -11/15/00--01017--003 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

PATRICK, SUE ELLEN  
253 DEERWOOD CIRCLE  
MIDDLEBURG FL 32068

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

Sue Ellen Patrick  
REGISTERED AGENT MUST SIGN

Date

10-23-00

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.

KE

SIGNATURE:

Sue Ellen Patrick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 23 2000

Daytime Phone #

904-272-2099

CR2E040 (9/00)