PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N97000000366

1. Corporation Name

Treasure Coast Juniors Volleyball Club, Inc.

2. Principal Office Address	**3.** Mailing Office Address
PO Box 1706	PO Box 1706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart, FL
Zip: 34995 Country: USA	Zip: 34995 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/10/97

5. FEI Number: 65072-5938 ☐ 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: MARTIN R. BIELICKI

Street Address (P.O. Box Number Is Not Acceptable): 1580 S.W. ALBATROSS WAY

Suite, Apt. #, Etc.:

City: PALM CITY, State: FL Zip Code: 34990

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: Martin R Bielicki Date: 11/27/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D	Martin R. Bielicki	1580 S.W. ALBATROSS WAY	PALM CITY, FL 34990
T	CHRIS JOHNSON	6908 SW Wedelia Ter P.O. BOX 1421 Palm City, FL 34990	PALM CITY, FL, 34991
T	FRANK WARREN	PO Box 1016 910 SW Martin Blvd Palm City, FL 34990	STUART, FL 34995
		REINSTATEMENT DO-DM	

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 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: T. LEWIS DEC 12 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/27/01 — Daytime Phone #