

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 PM 2:34

DOCUMENT # N98000003097

1. Corporation Name

Community Boxing Club, Inc.

2. Principal Office Address

801 E. Palm Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

P.O. Box 291816

Suite, Apt. #, etc.

c/o David E. Prince

City & State

Tampa, FL

Zip

33687

Country

USA

REINSTATEMENT

99.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-28-98

5. FEI Number

59-3194710

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

David E. Prince

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

4519 Ashmore Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33616

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

David E. Prince

Date 9-11-00

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
D, P	Tommy Ellis	6604 N. Oakview Terrace	Tampa, FL 33616
D, T	Linda Wilcox	801 E. Palm Ave.	Tampa, FL 33602
D	David E. Prince	4519 Ashmore Dr.	Tampa, FL 33616
D	Tamara Hudgins	7021 Tidewater Trail	Tampa, FL 33619

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., and 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:

David E. Prince, David E. Prince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

(813)914-6488

Daytime Phone #