

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -4 PM 12:36

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N990000001475**

**1. Corporation Name**

**PINELLAS SOFTBALL OFFICIALS ASSOCIATION, INC**

**REINSTATEMENT** *BB*

**00-02**

**2. Principal Office Address**

**P.O. BOX 40082**

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG FL**

Zip

**33743**

Country

**U.S.A.**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

**3/5/99**

**5. FEI Number**

**59-3562543**

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

**PAUL BUONO**

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

**1200 TARPON WOODS BLVD.**

Suite, Apt. #, Etc.

**APT. 5-9**

City

**PALM HARBOR FL**

State

**FL**

Zip Code

**34685**

**500004927775-4**

**-02/15/02--01001--024**

**\*\*\*\*358.75 \*\*\*\*358.75**

**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

*Paul Buono*

REGISTERED AGENT MUST SIGN

Date **1-28-2002**

**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	BUONO, PAUL	1200 TARPON WOODS BLVD # 5-9	PALM HARBOR, FL 34685
VP	RYALS, RICHARD	1478 SANTA CLARA	DUNEDIN, FL 34698
S	Ulbrich, Thomas	90 Coral Drive	Safety Harbor, FL 34695
T	MILLIKEN, JAY	6915 ORKNEY AVE. N.	ST. PETERSBURG, FL 33709

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jay Milliken*

Date

**1/14/02**

Daytime Phone #

**727-344-3627 ext 204**

CR2E081 (9/01)