PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 23 PM 1:04

DOCUMENT # **N99000006126**

1. Corporation Name

TALLAHASSEE VOLLEYBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6352 DUCK CALL COURT TALLAHASSEE FL 32309	6352 DUCK CALL COURT TALLAHASSEE FL 32309

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

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2000

5. FEI Number: 59-3606183 ☐ 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
~~DIR~~ PD	SPARKMAN, LARRY D	~~4732 PINTAIL DRIVE~~ 6352 Duck CALL COURT	TALLAHASSEE FL ~~32311~~ 32309
DIR	~~SPARKMAN, ELIZABETH S~~ WEISS, CHRISTIAN	~~4732 PINTAIL DRIVE~~ 1519 ARGONNE RD	TALLAHASSEE FL ~~32311~~ 32308
DIR	~~SPARKMAN, LISA~~ C LOPEZ, RICK	~~4732 PINTAIL DRIVE~~ 4304 OAKMONT	TALLAHASSEE FL ~~32311~~ 32303

700008896947
11708702--01120--001 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPARKMAN, LARRY D 6352 DUCK CALL COURT TALLAHASSEE FL 32309	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Tony Sparkman — Date: 10-22-2002
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Tony Sparkman — 10-22-2002 — 850-523-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/22/02

REQUEST FOR REINSTATEMENT
from the
Tallahassee Volleyball Association, Inc

To: Florida Department of State
From: Tallahassee Volleyball Association, Inc
Doc #: N99000006126
FEI #: 59-3606183

Subject: Request to wave penalty for Reinstatement

As President / CEO, and the Registered Agent of the Tallahassee Volleyball Association, Inc., I am requesting a waver of the penalty fee for reinstatement. For some reason, after or during an address change to our corporation, the annual report documents were never received.

Included you will find a check for $61.25, as required for a not-for-profit corporation annual report, without penalty.

Please note: there is also a change to the corporation directors and their addresses.

Respectfully,

Larry Sparkman