

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

6352 DUCK CALL COURT
TALLAHASSEE FL 32309

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

11/08/02--01120--001 **\$1.25

8. Name and Address of Current Registered Agent

SPARKMAN, LARRY D
6352 DUCK CALL COURT
TALLAHASSEE FL 32309

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-22-2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-2002

850-523-2340

Date

Daytime Phone #

CR2E040 (802)

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

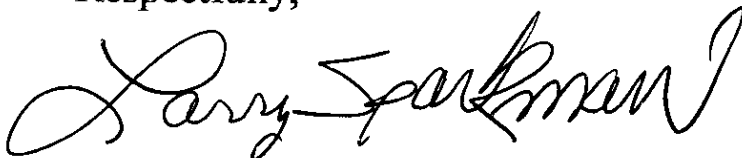
Subject: Request to wave penalty for Reinstatement

As President / CEO, and the Registered Agent of the Tallahassee Volleyball Association, Inc., I am requesting a waiver 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,

A handwritten signature in black ink, appearing to read "Larry Sparkman". The signature is fluid and cursive, with the first name "Larry" being more prominent and the last name "Sparkman" following in a similar style.

Larry Sparkman