

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000084970

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** LAKE REGION BASKETBALL OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

563 SOMERSET DR  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

1720 LAUREL STREET  
BARTOW, FL 33830

**Current Mailing Address:**

563 SOMERSET DR  
AUBURNDALE, FL 33823

**New Mailing Address:**

1720 LAUREL STREET  
BARTOW, FL 33830

**FEI Number:** 59-3090827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COTNEY, ROBERT  
563 SOMERSET DR  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

SMITH, ALVIN B JR.  
1720 LAUREL STREET  
BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALVIN B. SMITH JR.

09/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BEASLEY, WILLIAM  
Address: 514 HEARTLAND CIRCLE  
City-St-Zip: MULBERRY, FL 33860

Title: SD  
Name: SMITH, ALVIN B JR.  
Address: 1720 LAUREL STREET  
City-St-Zip: BARTOW, FL 33830

Title: TD  
Name: STOKES, STEPHEN  
Address: 1655 DEVERLY DRIVE  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN B. SMITH JR.

SD

09/14/2011

Electronic Signature of Signing Officer or Director

Date