

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PD2000079218*

1. Corporation Name

*Scoreboards of America*

**REINSTATEMENT** *03-09*

2. Principal Office Address

*2100 Corporate Square Blvd*

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

*201*

Suite, Apt. #, etc.

*Same*

City & State

*Jacksonville, FL*

City & State

*Same*

Zip

*32216*

Country

*Duval*

Zip

*Same*

Country

*same*

4. Date Incorporated or Qualified  
To Do Business in Florida

*July 22, 2002*

5. FEI Number

*30-0099666*

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

*~~Mark~~ S. Foster Oliver*

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

*2100 Corporate Square Boulevard*

Suite, Apt. #, Etc.

*201*

City

*Jacksonville*

State

*FL*

Zip Code

*32216*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
<i>President</i>	<i>Foster Oliver</i>	<i>4041 Clearwater Oaks Drive</i>	<i>Jacksonville, FL 32223</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

# SCOREBOARDS OF AMERICA

## INCORPORATED

2100 CORPORATE SQUARE BLVD • JACKSONVILLE, FLA. 32216 • (904) 855-0037 • FAX (904) 855-0039

Tuesday, February 10, 2004

Re: 2004 UBR

To Whom It May Concern:

We recently received a letter stating that we owe \$900 or more for reinstatement of our corporation. This letter is to inform you that we did not receive our UVR notices for 2003, and we request you waive the \$600 reinstatement fee. Therefore we are only submitting \$300 for the UBR for 2003 and 2004 as per our conversation with Cathy Ashton in your office's reinstatement division.

Any further questions on this matter should be directed to Nathan Carrick of our company at the contact information listed below.

Regards;



S. Foster Oliver, President  
Scoreboards of America, Inc

2100 Corporate Square Boulevard, Suite 201  
Jacksonville, FL 32216  
904-855-0037