

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT #S14911

1. Corporation Name

BALLBUSTERS OF GAINESVILLE, INCL.

2. Principal Office Address

1221 S.W. 96th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1221 S.W. 96th Street

Suite, Apt. #, etc.

City & State

Gainesville, F

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-28-90

5. FEI Number

59-3033048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JERRY B. OSBRACH

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

7221 N.W. 25th Lane

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

300005172813--4  
83/27/02 81879-030  
\*\*\*\*900.00 \*\*\*\*900.00

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

*Jerry B. Osbrach*

REGISTERED AGENT MUST SIGN

Date 3/7/02

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
PSD	ALLEN Z. OSBRACH	1221 S.W. 96th Street	Gainesville, FL 32607
VTD	JERRY B. OSBRACH	7221 N.W. 25th Lane	Gainesville, FL 32607

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:

*Jerry B. Osbrach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02 (352) 213-3537

Date

Daytime Phone #

CR2E081 (9/01)