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
00 NOV -2 PM 2:17

DOCUMENT # 737154

1. Corporation Name
Pinellas Park Youth Sports Association, Inc.

W00-22584

REINSTATEMENT 96-07

2. Principal Office Address	3. Mailing Office Address
6050 76th Ave N.	P.O. Box 32
Suite, Apt. #, etc.: Field #1	Suite, Apt. #, etc.:
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country: USA	Zip: 33781 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1834981 ☐ 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: Robert D. Klinesmith

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-11/17/00--01074--012
****490.00 ****490.00

Street Address (P.O. Box Number is Not Acceptable): 10380 US Hwy 19 N.

Suite, Apt. #, Etc.:

City: Pinellas Park, FL State: FL Zip Code: 33782

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: Robert Klinesmith Date: 9-5-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P/D	Alan Perry	7961 54th Street N	Pinellas Park, FL 33781
V/D	Mike Abbott	9561 90th Avenue N.	Largo, FL 33777
T/D	Kristen Klinesmith	5845 81st Avenue N.	Pinellas Park, FL 33781
S/D	Pearl Daniels-Rogers	4380 71st Avenue N.	Pinellas Park, FL 33781

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: Kristen A Klinesmith 9/5/00 727-723-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #