

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

02 OCT 25 AM 11:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N000000000165**

1. Corporation Name

WESTCHASE SOCCER ASSOCIATION, INC.

2. Principal Office Address

12028 Brewster Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip
33626

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/2000

5. FEI Number

59-3619737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

J. Eric Taylor

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2700

City

Tampa

State
FL

Zip Code
33602

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

REGISTERED AGENT MUST SIGN

Date 10/23/02

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
D	Castro, Julio E.	12028 Brewster Drive	Tampa, FL 33626
D	Garman, Scott	11914 Marblehead Drive	Tampa, FL 33626
D	Pinheiro, Margot	10627 Tavistock	Tampa, FL 33626
D	Crook, Diane	12111 Clear Harbor Drive	Tampa, FL 33626

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:

Julio E. Castro III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

813 224 2272

Daytime Phone #

CR2E081 (9/01)