## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS N15741 **DOCUMENT #** 98 FEB 23 AM 10: 12 1. Corporation Name SECRETARY OF STATE PASCO DIXIE YOUTH LEAGUE, INC. TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 22627 RAILROAD AVE -32627-PAILINGAD-AVE -PO-BOX-269 PO\_BOX\_289\_\_. SAN ANTONIO FL 33576 -SAN-ANTONIO-FL-89576 REINSTATEMENT97-US If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 22627 Railroad Ave. P.O. Box 205 Suite, Apt. #, etc. 07/07/1986 Suite, Apt. #, etc. 5. FEI Number Applied For 59-2718789 City & State City & State Not Applicable San Antonio, FL 33576 San Antonio, \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 33576 Pasco<sup>†</sup> 33576 Pasco 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State SD DADE CITY FL HOBBS, TRAVIS 14027 Hudson Lane PD SCHRADER, TED 31306 PASCO RD SAN ANTONIO FL **VD** BARTHLE, LARRY 17231 BELLEMY BLVD. DADE CITY FL ALSTON, JEFF 7441 FORT KING ROAD ZEPHRHILLS FL PD GUDE, DAVID 16143 JESSASMINE RD. DADE CITY FL TD SCHRADER, TERRY 31414 PASCO ROAD SAN ANTONIO, FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SCHRADER, JEROME G. Terry Schrader Street Address (P.O. Box Number is Not Acceptable) 37867 MERIDIAN AVE 32745 Pennsylvania Ave. DADE CITY FL Suite, Apt. #, Etc. 700002440687---03/05/98--011/2--014 \*\*\*\*306.45° \*\*\*\*\$306.2 City San Antonio 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ Date February 4, 1998 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes X Intangible Personal Property tax due June 30. No 12. 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.