


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT




FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC -7 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16041**
1. Corporation Name
SAN CARLOS PARK SCORPION SOCCER CLUB, INC.

Principal Place of Business Mailing Address
18251 THREE OAK PARKWAY FORT MYERS FL 33912 US
P.O. BOX 704 ESTERO FL 33928 *P.O. Box 894*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *98*

4. Date Incorporated or Qualified To Do Business in Florida **07/25/1986**

5. FEI Number **NOT APPLICABLE** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
P.O. Box 894 Estero Florida 33928 USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
TD	PRATT, DENNER L	9375 CROCUS CT.	FT. MYERS FL
PD	BARTREM, MARK D	18481 HOLLY RD.	FORT MYERS, FL 33912
VPD	CHERRY, TIM I	6024 PERTSHIRE LN.	FORT MYERS, FL 33908
DVP	MILLAGE, MARK	7474 HICKORY RD.	FT. MYERS FL
DS	LUNHARDT, JAMIE	17393 FUCHSIA RD	FT. MYERS FL

8. Name and Address of Current Registered Agent
PRATT, DENVER
9375 CROCUS CT
FT.MYERS FL 33912

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Denner Pratt* **SIGNATURE REQUIRED** Date **Nov 25, 1998**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See instructions for information on intangible tax.)

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

SIGNATURE: *SIGNATURE REQUIRED* **PRATT** **Nov 25, 1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)