

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *05-97*
REINSTATEMENT



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

DOCUMENT # **N36605**

1. Corporation Name
UNITED SOCCER ASSOCIATION OF TAMPA BAY, INC.

W97000010617

Principal Place of Business
**% JACK THOMPSON
3422 CINCINNATI DR.
HOLIDAY FL 34691**

Mailing Address
**% JACK THOMPSON
3422 CINCINNATI DR.
HOLIDAY FL 34691**

FILED
97 MAY 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *05-97*
DO NOT WRITE IN THIS SPACE

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		4. Date Incorporated or Qualified To Do Business in Florida 02/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3036720	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	MARTIN MCLAUGHLIN	936 HILL RISE DR.	BRANDON FL 33510
DP	MCLAUGHLIN, MARG Jack Thompson	936 HILLRISE DR. 3422 Cincinnati Dr	BRANDON FL Holiday Fl 34691
DV	PISOTT, EDDIE	13311 HAMNER AVE.	TAMPA FL
DT	ANDERSON Nick Pullaro	6616 ABERDEEN DR. 320 W Bears Ave	SARASOTA FL 34240 Tampa FL 33613
DS	BARBARA NAGEL	12740 FRANK DR. SOUTH	SEMINOLE FL 34646
VP	JIM GRUBER	6406 CALUSA DR.	LAKE FL FL 33813

8. Name and Address of Current Registered Agent

**JACK THOMPSON
3422 CINCINNATI DR.
HOLIDAY FL 34691**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
0000002199970-1
Suite, Apt. #, Etc.
006703797-01075-002
City
*****358.75 ***358.75**
State **FL** Zip Code

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 *Jack Thompson*
REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Nick Pullaro* Nick Pullaro *4/20/97* 813 962-0196

CR22040 (6/95)