

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **145129**

1. Corporation Name

BEACHES ADULT SOCCER LEAGUE

2. Principal Office Address

14500 BEACH BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

3. Mailing Office Address

14500 BEACH BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/13/91

5. FEI Number

59-3088643

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

DAVID WB PARKER

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

14500 BEACH BLVD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32250

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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

[Signature]
REGISTERED AGENT MUST SIGN

Date **3/7/05**

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
President	K.G. BRAUN	804 13th AVE N	JACKSONVILLE BEACH, FL 32250
VP	TOWING D. BELLA	13138 N. ANNANDALE DR.	JACKSONVILLE, FL 32225
TREASURER	MIKE REMO	2785 COLONIES PR.	JACKSONVILLE BEACH, FL 32250
SECRETARY	SANDY ROMPEY	628 LAKE STONE CIRCLE	PONTE VEDRA BEACH, FL 32082
REGISTERAR	DAVID WB PARKER	14500 BEACH BLVD.	JACKSONVILLE, FL 32250

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:

[Signature] **DAVID WB PARKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05
Date

904-992-1742
Daytime Phone #

CR2E081 (01/05)

20fz

Department of State
Division of Corporations
ATTN: Certifications
PO Box 6327
Tallahassee, FL 32314

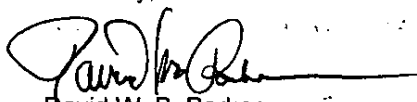
March 3, 2005

Dear Sir or Madam:

My name is David Parker and I am the Registrar for the Beaches Adult Soccer League of Jacksonville, Florida. I am trying to reinstate our league and have completed an application for reinstatement which you'll find enclosed as per the guidelines set forth at www.sunbiz.org.

The total fee needed is \$542.50 according to the form information. However, in speaking with a representative at the Department of State, Division of Corporations, there was an indication that the \$175 amount could be waived due to the fact that we have changed addresses. We have also changed some of the key personnel listed on the site which I'd like to have noted as well. If you could waive the \$175 due to our lack of notification, we'd appreciate that. Therefore, I've enclosed a check for the remaining fee of \$367.50 as per the requirements. Thank you for your assistance.

Sincerely,



David W. B. Parker
Registrar - BASL
14500 Beach Boulevard
Jacksonville, FL 32250
904.992.1742 tel
904.992.9666 fax
davidp@basl.com
www.basl.com