


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 MAY -8 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46995

1. Corporation Name
MELBOURNE EAU GALLIE UNITED SOCCER ASSOCIATION, INC.

700075377347
05/26/06--01047--008 **420.00

REINSTATEMENT

03-06

CR2E081 (12/05)

2. Principal Office Address P.O. BOX 120125		3. Mailing Office Address P.O. BOX 120125	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32912	Country USA	Zip 32912	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/22/1992

5. FFL Number 59-3103275	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name
Steve McKibben

Street Address (P.O. Box Number is Not Acceptable)
4640 Whipple Hollow Road

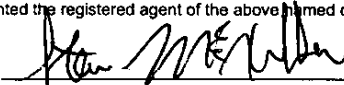
Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32934

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.

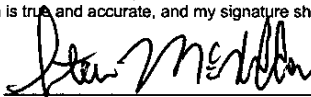
Signature of Registered Agent  Date 05/01/2006

REGISTERED AGENT MUST SIGN

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
DP	Steve McKibben	4640 Whipple Hollow Road	Melbourne, FL 32934
DSVP	JAMES D. BARTHOLOMEW, JR.	2260 Iowa Street	W Melbourne, FL 32904
DTVP	David Dearing	1000 Almeria Lane SW	Palm Bay, FL 32908

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 contained in Chapter 119, 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:  Steve McKibben, Pres 05/01/2006 321-259-8016

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

5/12aw