

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001523**

1. Corporation Name

Town and Country Competitive Soccer, Inc.

100008022221--8

-09/25/02--01071--025

****420.00 ****420.00

2. Principal Office Address

3802 Ehrlich Rd

3. Mailing Office Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-93

5. FEI Number

593178450

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

Ed Blattler

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

3802 Ehrlich Rd.

Suite, Apt. #, Etc.

Suite 201

City

Tampa

State

FL

Zip Code

33624

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

8-6-02

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
Pres.	Paul Van Steenberg	16208 Marshfield Dr.	Tampa, FL 33624
VPres.	Michael Lombardi	13149 Royal George Ave.	Odessa, FL 33556
Treas.	Kathy Donaldson	12901 Farmingham Ct.	Tampa, FL 33626
Sec.	Valerie Haley	4825 Bay Island Dr.	Tampa, FL 33615

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
8/7/02

Date

Daytime Phone #

CR2E081 (9/01)