PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
01 MAY -3 AM 10:59

DOCUMENT # N99000003700

1. Corporation Name

Emerald Coast Youth Football Association, Corporation

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
6021 Curtis Road	6021 Curtis Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, Fla	City & State: Pace, Fla
Zip: 32571 Country: Santa Rosa	Zip: 32571 Country: Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida: 6-16-99

5. FEI Number: 59-3683298 ☐ 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: Dennis Griffith

Street Address (P.O. Box Number is Not Acceptable): 1101 Hadley Lane

Suite, Apt. #, Etc.:

City: Cantonment State: FL Zip Code: 32533

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****297.50 ****297.50

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: D. M. Griffith
REGISTERED AGENT MUST SIGN

Date: 5-01-01

CR2E041 (R1/00)

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
P/D	Dennis Griffith	1101 Hadley Lane	Cantonment, Fla 32533
V/D	Doug Baldwin	711 N. Haynes St.	Pensacola, Fla 32501
T/D	Charles Baxley	6021 Curtis Road	Pace, Fla 32571
S/D	Jeff Van Camp	3912 Tiger Point Blvd	Gulf Breeze, Fl 32563
			AD

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: Charles Baxley CHARLES BAXLEY Treasurer 5-01-01 850/484-6011

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