

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800009464778
12/23/02--01045--010 **61.25



REINSTATEMENT
800009464778 02
12/11/02--01027--015 **175.00

DOCUMENT # N97000006808

1. Corporation Name

LABELLE YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

P O BOX 1695
LABELLE FL 33975

Mailing Address

P O BOX 1695
LABELLE FL 33975

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1997

5. FEI Number

65-0832862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HERRERA, FERNANDO	351 BRYAN AVE	LABELLE FL 33935
D	MARROQUIN, RAYMOND	300 CLAY ST	LABELLE FL 33935
D	KELLY, KEVIN M	1048 TRADER RD	LABELLE FL 33935
D	PACK, CRYSTAL	725 EVANS ROAD	LABELLE FL 33935
D	SLOAN, JAMES D	455 8 AVE	LABELLE FL 33935

8. Name and Address of Current Registered Agent

SLOAN, JAMES D
455 8 AVE
LABELLE FL 33935

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

James D Sloan
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/16/02

11. 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:

James D Sloan
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/02 863/675-5227

CR2040 (8/02)