

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 14 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721173**

1. Corporation Name

TEMPLE TERRACE YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 291251
TEMPLE TERRACE FL 33687

P O BOX 291251
TEMPLE TERRACE FL 33687



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1971

5. FEI Number

23-7116238

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)

800003746428--8

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
F	WILLIFORD, SANDY	8002 E LEIGH CT	TEMPLE TERRACE FL 33687
PD	HINDLE, JACK	8002 EASTLEIGH CT	TEMPLE TERRACE FL
PD	THOMAS, BARBARA	8723 N 52 ST	TAMPA FL
TD	WING, KEN	9421 ALANBROOKE	TEMPLE TERRACE FL
VD	LOEHR, DONNA	10316 N. ARMENIA AVE	TAMPA FL 33619

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINDLE, JACK
8002 EASTLEIGH CT
TEMPLE TERRACE FL 33617

Name

BARBARA THOMAS

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

8723 N. 52 ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

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.

Signature of
Registered Agent

Barbara Thomas
REGISTERED AGENT MUST SIGN

Date 2-201

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Thomas
Barbara Thomas

Date

Daytime Phone #

2-2-01 813-241-1509

CR2040 (800)