

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:27

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724773

## 1. Corporation Name

Englewood Area Athletic Association, Inc.

## 2. Principal Office Address

6765 San Casa Drive

Suite, Apt. #, etc.

City &amp; State

Englewood, Florida

Zip

34224

Country

United States

## 3. Mailing Office Address

P. O. Box 2008

Suite, Apt. #, etc.

City &amp; State

Englewood, Florida

Zip

34295-2008

Country

United States

REINSTATEMENT 03-05  
03/10/04 01052 003 70004. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1972

## 5. FEI Number

592500612

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

Kristine M. Riley

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

11433 Claggett Avenue

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33981

## 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

*Kristine M. Riley*

Date

3/16/05

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
P	Wanda Coleman	135 Mark Twain Lane	Rotonda West, FL 33947
VP/SD	Kristine M. Riley	11433 Claggett Avenue	Port Charlotte, FL 33981
S	Gina Bannan	133 North McCall Road	Englewood, FL 34223
T	Wendy Kiehl	950 Elwood Avenue	Englewood, FL 34223
AD	Shayne Purdin	10517 Greenway Avenue	Englewood, FL 34224
D	John R. Barna, Jr.	13517 Dibella Avenue	Port Charlotte, FL 33981

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:

*Kristine M. Riley*

Kristine M. Riley

3/16/05

941-468-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #