

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:27

DOCUMENT # 724773

1. Corporation Name

Englewood Area Athletic Association, Inc.

2. Principal Office Address

6765 San Casa Drive

Suite, Apt. #, etc.

City & State

Englewood, Florida

Zip

34224

Country

United States

3. Mailing Office Address

P. O. Box 2008

Suite, Apt. #, etc.

City & State

Englewood, Florida

Zip

34295-2008

Country

United States

4. 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
REGISTERED AGENT MUST SIGN

Date 3/16/05

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
D	Randi Curtis	63 Annapolis Lane	Rotonda West, FL 33947
D	Tanya Fitch	10201 Topsail Avenue	Englewood, FL 34224
D	David Gerzeny	3480 Technology Drive	Nokomis, FL 34275
D	Debbie Lewis	12383 Quinlan Avenue	Port Charlotte, FL 33981
D	Eric Palmer	95 Annapolis Lane	Rotonda West, FL 33947
D	Open Seat		

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)(l), 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 #