

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725685

1. Corporation Name
SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
113TH STREET POST OFFICE BOX 3314 SEMINOLE FL 34642	113TH STREET POST OFFICE BOX 3314 SEMINOLE FL 34642



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/28/1973	
City & State		City & State		5. FEI Number	
Zip		Country		59-1462643	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KEMP, STEPHEN	7598 132ND STREET N.	SEMINOLE FL
BPD	DIEM, BOB	10880 TEMPLE AVE.	SEMINOLE FL
S	MATTHEWS, JUDY A.	11772 SAREE COURT	LARGO FL
T	POYNTER, BONNIE J	14466 MOORING DR	SEMINOLE FL

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KEMPT, STEPHEN 7598 132ND N. SEMINOLE FL 34642		Name: SAME	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: *Stephen Kemp* Date: *Oct. 16, 1996*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)

12. 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: *Bonnie J. Poynter* B.J. Poynter 10/18/96 813-593-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)