


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 JUL 17 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732504		
1. Entity Name TAVARES YOUTH FOOTBALL LEAGUE, INC.		
Principal Place of Business TAVARES YOUTH FOOTBALL POB 574 TAVARES, FL 32778		Mailing Address TAVARES YOUTH FOOTBALL POB 574 TAVARES, FL 32778

2. Principal Place of Business - No P.O. Box # Tavares Park & Rec Suite, Apt. #, etc. 399 E. Burleigh Blvd City & State Tavares FL Zip 32778 Country LK		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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06122008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent LAW, MELODIE J 3360 IDAMERE SHORES CRT TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Jay R Pribble Street Address (P.O. Box Number is Not Acceptable) 40916 Emeralds Island Rd City Leesburg FL Zip Code 34788	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jay R Pribble
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEATHAM, JOANNE POB 522 TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jay R Pribble 40916 Emeralds Island Rd Leesburg FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHIGHAM, BROOKE 2490 VAN BUREN ST ASTATULA, FL 34705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Football Gene Perkin 11032 Martin Dr. Leesburg FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAW, DENNIS JR 3360 IDAMERE SHORES CRT TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Cheerleading Connie Hauselman 2420 Tealwood Cir. Tavares FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAW, MELODIE 3360 IDAMERE SHORES CRT TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alicia Harrison 25146 CR 561 Astatula FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Shannon Shaffer 26638 Grimini Dr. Tavares FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600133089566 07/17/08--01035--005 **131.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia R Harrison 7-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #