PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

739206

FILED
97 APR -9 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Winter Park Soccer Club, Inc.

Principal Place of Business / Mailing Address

2108 SHIREWOOD CT
WINTER PARK, FL 32792

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

REINSTATEMENT 4-9-97
95, 96, 97

2. New Principal Office Address, If Applicable
SEE ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
1511 NATURE CT.
Suite, Apt. #, etc.
City & State
WINTER SPRINGS, FL
Zip 32708 / Country

4. Date Incorporated or Qualified To Do Business in Florida
6-2-77

5. FEI Number
59-1952876
☐ 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)

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	GARY WILCOX	2108 SHIREWOOD CT	WINTER PARK, FL 32792
VPD	R. MICHAEL BARRETT	1511 NATURE CT	WINTER SPRINGS, FL 32708
VPD	CHRISTOPER PANOS	677 LAMOKA CT	WINTER SPRINGS, FL 32708
VPD	RONALD TOMPKINS	4650 MISSY WAY	OVIEDO, FL 32765

800002142998--2
-04/15/97--01005--009
****358.75 ****358.75

8. Name and Address of Current Registered Agent

SUSAN HOOVER
688 BERWICK DR.
WINTER PARK, FL
32792

9. Name and Address of New Registered Agent

Name
R. MICHAEL BARRETT
Street Address (P.O. Box Number is Not Acceptable)
1511 NATURE CT
Suite, Apt. #, Etc.
City
WINTER SPRINGS
State
FL
Zip Code
32708

CR2E040 (12/96)

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 R. Michael Barrett
REGISTERED AGENT MUST SIGN
Date 4/1/97

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: Gary Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT
GARY WILCOX 4/3/1997
Date
407-679-9131
Daytime Phone #