

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 AUG 20 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743496

1. Corporation Name
PINECREST YOUTH FOOTBALL, INC.

Principal Place of Business	Mailing Address
SR 39 SOUTH P.O. BOX 10 LITHIA FL 33547	SR 39 SOUTH P.O. BOX 10 LITHIA FL 33547

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

2. New Principal Office Address, If Applicable 9721 HWY 39 SOUTH Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/07/1978	
City & State Lithia FL		City & State		5. FEI Number 59-2901671	
Zip 33547	Country Hills	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 A fee of \$1.00 required for a Certificate of Status.	

REINSTATEMENT *OB-99*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	LONDBERG, LINDA TYRONE MORGAN	8505 LITHIA PINECREST RD. 9721 HWY 39 SOUTH	LITHIA FL 33547
SD	SANDERSON, MAUREEN LINDY BAILEY	KEYSVILLE RD. 2820 Keysville Dr.	LITHIA FL 33547
VD	SHIRLEY, SHARI TERRY DEL GROSSO	8500 NICHOLD RD. CEDAR GROVE CHURCH RD	LITHIA FL 33547
TD	EDWARD, CAROL PATTY SLABACH	2900 WILLIAMS RD. 10637 LITHIA PINECREST RD	VALRICO FL 33594 LITHIA, FL 33547
			100002974671--5 -08/31/99--01051--005 *****297.50 *****297.50

8. Name and Address of Current Registered Agent LONDBERG, LINDA 8505 LITHIA PINECREST RD. LITHIA FL 33547		9. Name and Address of New Registered Agent Name Tyrone Morgan Street Address (P.O. Box Number is Not Acceptable) 9721 HWY 39 SOUTH Suite, Apt. #, Etc. City LITHIA State FL Zip Code 33547	
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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: Tyrone Morgan **REQUIRED** Date: 8-16-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible)

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: Patricia Slabach **REQUIRED** Date: 8-14-99 Daytime Phone #: 813-737-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA SLABACH

CREATED (9/99)