


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 743496  
**1. Corporation Name**  
Pinecrest Youth Football, Inc.

<b>2. Principal Office Address</b> 7950 Lithia Pinecrest Rd. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 10 Suite, Apt. #, etc.	
City & State Lithia, FL		City & State Lithia, FL	
Zip 33547	Country USA	Zip 33547	Country USA

**2000-2001 UBR**

**4. Date Incorporated or Qualified To Do Business in Florida** 07-07-78

**5. FEI Number** 592901671  
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: **Robert L. Evans** 700004547757-0  
Street Address (P.O. Box Number is Not Acceptable): **18540 Boyette Rd.** -08/22/01-01004-028  
Suite, Apt. #, Etc.: **\*\*\*\*131.25 \*\*\*\*131.25**

City: **Lithia** State: **FL** Zip Code: **33547**

**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: *Robert L. Evans* Date: **May 15, 2001**  
REGISTERED AGENT MUST SIGN

**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
P/T	Robert L. Evans	18540 Boyette Rd.	Lithia, FL 33547
T/T	Jennifer L. Affronti	5608 Hawkgrove Pl.	Lithia, FL 33547
S	Leslie Hicks	3712 Porter Rd.	Lithia, FL 33547
VP/T	Randy Baker	3434 E. Keysville Rd.	Lithia, FL 33547

**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)(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: *Jennifer L. Affronti* **Jennifer L. Affronti** 5/15/01 (813)626-4241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)