ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ORIDA DEPARTMENT OF STATE APPLICATION Jim Smith **FOR** Secretary of State FILED REINSTATEME DIVISION OF CORPORATIONS 744947 **DOCUMENT #** 03 FEB 12 AM 10: 22 1. Corporation Name SECRETARY OF STATE PINELLAS PARK YOUTH SOCCER ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 2094 P.O. BOX 2094 PINELLAS PARK FL 33780-2094 PINELLAS PARK FL 33780-2094 US **500009200875** 11/25/02--01048--004 **61.25 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 Date Incorporated or Qualified
 To Do Business in Florida 11/15/1978 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -59-1885265 City & State City & State Not Applicable \$8.75 Additional Fee required Zip_ Country for a Certificate of Status a nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or F Street Address of Each Name of Officers City / State / Zip Title(s) and/or Directors Officer and/or Director PINELLAS PARK FL 33761 D MARTIN. BILL-6714-88TH AVE NO PINELLAS PARK FL 33782 WILCOX, DUDLEY D PINELLAS-PK: FL 33782 6470 109 TERRACE NO PAYNE: BO' PINELLAS PARK FL 33781 7931 -- 63RD-WAY-N D HARMON. PINELLAS PARK FL 33782 9481 - 55TH WAY N D GOULD, DAN ST PETERSBURG FL 33704 DPC ROBERTSON, DIANA 8529 42ND AVE N 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ROBERTSON, DIANA -8529 42 AVE NO ST PETERSBURG FL 33709 State Zip Code 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Date NOV 15, 200 2 Signature of Registered Agent 11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone is

74494

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New Board Members:

Title Name address

DP Tim Smith 5319 58th Avenue North St. Petersburg, FL 33709

D Kat Smith 8873 57th Street N -Pinellas-Park, FL 33782

Dianne Gilson 6765 68th Street North Pinellas Park, FL 33781

D
Donald Bruce "Chip"
6973 Cedar Ridge Dr.
Pinellas Park, FL 33781

Two remaining the same:

D Dudley Wilcox 6714 88th Avenue North Pinellas Park, FL 33782

D Dan Gould 9481 55th Way North Pinellas Park, FL 33782 -28-03; 4:23PM:HCA Healthcare

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To whom it may Concern:

I took over as treasurer of the Pinellas Park Youth Soccer Association in April of 2002. In my taking over I found out that several of our bills were going unpaid. On of which was our Post Office Box. Unfortunately I didn't realize this until the first of May. After not receiving bank statements for a month I started to investigate into the situation. I found the P.O.Box had been closed for several months. All of our mail was being returned. I had the P.O.Box reopened and I am still trying to get the rest of our situations straightened out. I m submitting this letter in hopes trying to correct one more of a long list of our boards past errors. I understand that there are rules in place for many reasons. I am not looking to pass blame or even avoid dealing with the consequences, but I am looking to get our soccer association back to a respected organization.

Repectfully Submitted,

Chip Bruce

P.P.Y.S.A. Treasurer