

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745578

Corporation Name

MANATEE AREA YOUTH SOCCER ORGANIZATION, INC

Principal Place of Business

Mailing Address

~~1024 12th Ave. W.~~

~~P.O. Box 1333~~

~~P.O. Box 1333~~

~~Bradenton, FL 34206~~

~~Palmetto, FL 34221~~

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

c/o Michele B. Grimes

c/o Michele Grimes

Suite 200 S. Orange Ave.

Suite, Apt. #, etc

P.O. Box 3258

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

U.S.

Zip

34230

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida 1/15/79

5. FEI Number 59-2243243

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	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
Dir Pres	Lynda Smock	200 South Orange Ave.	Sarasota, FL 34236
Dir V.P.	Jim Morrish	200 South Orange Ave.	Sarasota, FL 34236
Dir			
Sec.	Krista Luciano	200 South Orange Ave.	Sarasota, FL 34236
Dir Treas	Carl Jeffcoat	200 South Orange Ave.	Sarasota, FL 34236

REINSTATEMENT 96-99

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8. Name and Address of Current Registered Agent

James E. McKee, Jr.
1024 12th Ave. W.
Palmetto, FL 34221

9. Name and Address of New Registered Agent

Name Michele B. Grimes

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Ave.

Suite, Apt. #, Etc

City Sarasota

State FL

Zip Code 34236

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

Michele B. Grimes

REGISTERED AGENT MUST SIGN

Date 4/27/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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), P.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:

Lynda Smock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynda Smock, President

4/27/99

Date

941-756-5756

Daytime Phone #



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