

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -5 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746075

1. Corporation Name

COOPER CITY SOCCER CLUB, INC.

REINSTATEMENT 93-03

400013170524
02/27/03--01075--010 **857.50

2. Principal Office Address

5240 SW 93RD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2001 NW 112TH TERR.

Suite, Apt. #, etc.

City & State

COOPER CITY, FLORIDA

City & State

PEMBROKE PINES, FL

Zip

33328

Country

U.S.

Zip

33026

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/1979

5. FEI Number

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

STEVEN MAJKA

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

2001 NW 112TH TERRACE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33026

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

Steven Majka
REGISTERED AGENT MUST SIGN

Date 2/19/03

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	DAVE SIMPSON	5240 SW 93RD AVE	COOPER CITY, FL 33328
V	STEVEN MAJKA	2001 NW 112TH TERR.	PEMBROKE PINES, FL 33026
SD	TRICIA COUCH	14901 ARCHER HALL ST.	DAVIE, FL 33331
D	SANDY PAGLIUCCO	192 WHITE LEAF DR.	DALLAS, GA 30157
T	MARIA VEGA	192 WHITE LEAF DR.	DALLAS, GA 30157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Majka

2/19/03

Date

954-447-9340

Daytime Phone #

CR2E081 (10/02)

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