

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 751039

1. Corporation Name

SEMINOLE SOCCER CLUB, INC.

Principal Place of Business

7390 MARKHAM RD.
P.O. BOX 915425
LONGWOOD FL 32791-5425

Mailing Address

7390 MARKHAM RD.
P.O. BOX 915425
LONGWOOD FL 32791-5425

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	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
PD	SIMON, MEL	517 SAVONA COURT	ALTAMONTE SPRINGS FL
VD	FOREMAN, LARRY COLLIN, ROB	6404 RIDGEBERRY DR 520 SUGAR RIDGE CT	ORLANDO FL LONGWOOD
SECD	MOGOVERN, LINDA NORTON, DAVE	104 BLUE HERON LAKE 1839 SENECA BLVD	CASTLEBERRY FL WINTER SPRINGS, FL
TD	WILLARD, KARL BROWN, MARCUS	2699 LEE RD, STE 460 200 SHADY LAKE CIR	WINTER PARK FL LAKE MART, FL

REINSTATEMENT

98-49 B 2/18/99

8. Name and Address of Current Registered Agent

LAHEY, JOHN
555 WINDERLY PLACE
SUITE 400
MAITLAND FL 32751

MEL SIMON
40 SEMINOLE SOCCER CLUB
P.O. Box 915425
LONGWOOD, FL
32791-5425

9. Name and Address of New Registered Agent

Name SEMINOLE SOCCER CLUB, INC.
MEL SIMON
Street Address (P.O. Box Number is Not Acceptable)
517 SAVONA CT
Suite, Apt. #, Etc.
City ALTAMONTE SPRINGS
State FL
Zip 32714

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-1-99

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 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), 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] MELVIN C. SIMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-98 (40) 942-7275
Date Duplicate Fee: \$

FILED

99 FEB 15 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3000002780709-9
-02/19/99-01055-002
****236.25****236.25

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1980

5. FEI Number

59-2074729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (9/98)