PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINS	TAT	EME	NT



FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 11 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name	instatement of	-

NORTHDALE SOCCER CLUB, INC.

2. Principal Office Ad	Idress	3. Mailing Off	ce Address		
P.O. Box	x 272004	"same"			
Suite, Apt. #, etc.		Suite, Apt. #, e	c.		
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 05/07/81	
				5. FEI Number	Applied For
Tampa, H	Tampa, Florida			582197352	Not Applicable
, _{Zip} 33624	Country	Zíp	Country		\$8.75 Additional Fee require for a Certificate of Status
		7 No	me and Address of Current I	Pagistand Agent	

7. Name and Address of Current Registered Agent			l
Name		176 M - A	dm
James S. Renaldo		110,00-1	
Street Address (P.O. Box Number is Not Acceptable)			
146 Second Street North		101,25-A	
Suite, Apt. #, Etc.			1
Suite 300			ľ
City	State	Zip Code	
St. Peter/sburg	FL	33701	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of	of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	_{Date} April 26, 2002
DECISTEDED ACENTALIST CICH	

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D/P	James S. Renaldo	4219 Carrollwood Vil Dr	. Tampa, FL 33624	
D/S	Ginny Rice	15934 Mystic Way	Tampa, FL 33624	
D/T	Kevin Moore	17033 Winners Circle	Odessa, FL 33556	
		7	00005766377	
			-06/14/0201004001 ****236.25 ****236.25	
	Reinstated through		Bar W. D. W. Land	

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 ecourate, 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

50-45-40

727-894-8400

Daytime Pho

CREEDON (SPUT)