

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 PM 1:56

DOCUMENT # 763610

1. Corporation Name

Auburndale Youth Football League, Inc.

W05-19030

2. Principal Office Address

3. Mailing Office Address

PO Box 2131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburndale FL

Zip

Country

Zip

Country

33823

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2157517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Tara Banks

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

127 Quailwood Dr

Suite, Apt. #, Etc.

City

Winter Haven

State

Zip Code

FL

33880

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06/21/05--01035--003 **131.25

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

Tara Banks

Date 6-1-05

REGISTERED AGENT MUST SIGN

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/D	Tara Banks	127 Quailwood Drive	Winter Haven, FL 33880
V/D	Michelle Young	116 Temple St	Winter Haven, FL 33880
T/D	Beth Birthisel	1921 16th St NW	Winter Haven, FL 33880
			600056391526 09/18/05--01061--004 **175.00

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:

Tara Banks
Tara E. Banks

Date

6-1-05

Daytime Phone #

863-581-
7667

CP2E081 (01/05)