PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JUL 13 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 763903

1. Corporation Name

DELRAY BEACH SOCCER LEAGUE, INC.

Principal Place of Business	Mailing Address
~~1101 E. NEWPORT CTR. DR~~ ~~SUITE 206~~ DELRAY BEACH FL ~~33442~~ US	P.O BOX 2534 DELRAY BEACH FL 33447-2534 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 0910

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 490 Dotterel Rd.	Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State
Zip 33444 Country US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/24/1982

5. FEI Number: 59-2241199 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	~~JOHN HAMIL~~ MIKE PETERSON	~~219 S.E. 7TH AVE.~~ 1004 NW 3RD AVE	DELRAY BEACH FL 33444
P	~~CROWLEY, RAY~~ S. Turner Dean	~~1101 E NEWPORT CTR DR SUITE 206~~ 3430 Oleander Way	DELRAY BEACH FL 33483
TD	~~SERGIO, KATHY~~ Walker, Chuck	~~1025 NW 5 AVE.~~ 802 NW 1ST AVE	DELRAY BEACH FL 33444
D	~~LAMBIE, ROBERT~~ LANZA, Bobby	~~1408 CORMORANT RD.~~ 3531 BLVD. CHATELAINE	DELRAY BEACH FL 33445
SD	~~LAMBIE, PAM~~ Morgan, Julie	~~1408 CORMORANT RD.~~ 450 N. SWINTON AVE	DELRAY BCH FL 33444

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-07/25/00--01034--003
*****35.00 *****297.50

8. Name and Address of Current Registered Agent

~~CROWLEY, RAYMOND~~
~~1101 E. NEWPORT CTR. DR.~~
~~SUITE 206~~
~~DELRAY BEACH FL 33442~~

9. Name and Address of New Registered Agent

Name: S. Turner Dean
Street Address (P.O. Box Number is Not Acceptable): 3430 Oleander Way
Suite, Apt. #, Etc.:
City: DELRAY BEACH State: FL Zip Code: 33483

CR2E0-0 (8/99)

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 REQUIRED Date: 12/30/99
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: SIGNATURE REQUIRED 12/30/99 561-391-6960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063873 AF