

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

08 APR 22 AM 11:47

DOCUMENT # 764553

1. Corporation Name
Coral Springs Flag Football Club, Inc.

RECEIVED
B. 4/23/08 04-08
500125039215
04/22/08--01019--024 **306.25
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
5024 N.W. 95th Dr.

3. Mailing Office Address
5024 NW 95th Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33076 USA

Zip Country
33076 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
592158761

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
Bryan Levin
Street Address (P.O. Box Number is Not Acceptable)
5024 NW 95th Dr.
Suite, Apt. #, Etc.

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

City State Zip Code
Coral Springs, FL FL 33076

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
REGISTERED AGENT MUST SIGN

Date 4-15-2008

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	Bryan Levin	5024 NW 95th Dr	Coral Springs FL 33076
VP	Mathias Jennings	133 NW 117 Ter	Coral Springs FL 33071
T	Jack London	235 Lakeview Dr.	Coral Springs FL 33071
HAD	Christina Frisicano	9700 NW 1st Manor	Coral Springs FL 33076

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 contained in Chapter 119, 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

4-15-2008 954 755-5859

Date

Daytime Phone #