

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 OCT 23 AM 11: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 770427**

1. Corporation Name

Countryside Youth Soccer Association, Inc.

2. Principal Office Address

116 Kendale Dr

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

U.S.

3. Mailing Office Address

116 Kendale Dr

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

U.S.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/26/1983

5. FEI Number

59-2330947

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

MARGARET PLANAMENTA

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

106 Meadowcross Dr

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

34695

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

Margaret Planamenta

Date 10-10-00

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	Robert Jackson	116 Kendale Dr SAFETY HARBOR	SAFETY HARBOR FL 34695
VD	DARLENE TICKNER	3011 Asland Terrace	clearwater FL 33761
V			
SD	Sue Leech	330 Woods Landing Trail	oldsmar FL 34677
T	KEVIN CORRIGAN	2948 Hillcreek Cir S.	clearwater FL 33759
D	MARGARET PLANAMENTA	106 Meadowcross Dr	Safety Harbor FL 34695

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Jackson

Date

10/5/00

Daytime Phone #

7277263276

CR2E081 (9/99)