

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017020

Name and Mailing Address

0001334 01 FP 0.352 **PRSR T5 0 0615 33029-219041



YOUTH SOCCER ACADEMY, LLC
20911 JOHNSON STREET SUITE 116
PEMBROKE PINES FL 33029-2190

400009647714
12/23/02--01113--002 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/04/2001

Principal Place of Business

20911 JOHNSON STREET SUITE 116
PEMBROKE PINES FL 33029

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1148359

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

DIAMOND, BARRY A ESQUIRE
9728 W. SAMPLE ROAD
CORAL GABLES FL 33065

SPRINGS

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/19/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	FABIO RAINUZZO	977 WINDWARD WAY	WESTON FL, 33327
MEMBER	RAUL SOUTO	ARRIBEÑOS 1435 P.15	BUENOS AIRES, ARGENTINA
MEMBER	ROBERTO MORENO	8401 NW 17 Street	MIAMI FL, 33126

REINSTATEMENT 2002

TB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 11/08/02

Daytime Phone # 954-442-7989

FABIO RAINUZZO