

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002366

**1. Corporation Name**

Future Stars Youth Sports Association, Inc.

**2. Principal Office Address**

302 W. Dixie Court

Suite, Apt. #, etc.

#57

City & State

Ft. Lauderdale

Zip

33311

Country

U.S.A.

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/10/00

**5. FEI Number**

65-0997484

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

Robert M. Bulfin

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

2826 E. Oakland Park Boulevard

Suite, Apt. #, Etc.

Suite 200

City

Ft. Lauderdale, FL

State

FL

Zip Code

33306

**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

*Robert M. Bulfin*  
REGISTERED AGENT MUST SIGN

Date

4/2/03

**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
PS/D	Marcenia L. Wood	302 W. Dixie Court Ft. Lauderdale	Florida 33311
VP/D	Dawn Morrison	535 SW 169th Terr.	Weston, FL 33326
T/D	Jay Stingis	308 SE 12th Street	Deerfield Beach, FL 33441

**REINSTATEMENT 01-31 TU**

**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:

*Marcenia L. Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/03

Daytime Phone #

954-463-7839

CR2E081 (10/02)