

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED


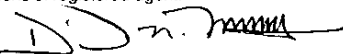
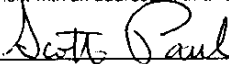
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 7-08

DOCUMENT # N00000006674			
1. Entity Name KEY WEST SOCCER CLUB, INC.			
Principal Place of Business 1523 FOURTH STREET KEY WEST, FL 33040		Mailing Address P.O. BOX 6513 KEY WEST, FL 33041	
2. Principal Place of Business - No P.O. Box # 3741 Flagler Ave.		3. Mailing Address 3741 Flagler Ave.	
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 4	
City & State Key West, FL.		City & State Key West, FL.	
Zip 33040	Country U.S.A.	Zip 33040	Country U.S.A.
4. FEI Number 65-0847842		<input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYER, JEFFREY B ESQ 31211 AVE A BIG PINE KEY, FL 33043		Name DAVID W. MITCHELL Street Address (P.O. Box Number is Not Acceptable) 2117 HARRIS AVE. City KEY WEST FL Zip Code 33040	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2/24/2008	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, KITTY F 1523 FOURTH ST KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Paul 3741 Flagler Ave. Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, JEFFREY 31211 AVE A BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100119930361 03/11/08--01008--006 ***297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, KITTY 1523 4TH ST KEY WEST, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALFONSO, GINA 2438 PATTERSON AVENUE KEYWEST, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Mitchell 2117 HARRIS AVE. KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, LORRAINE 32 KEY HAVEN RD KEY WEST, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, KATHY B 29252 COCONUT PALM ST BIG PINE KEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Scott Paul		Date 2/24/08 Daytime Phone # 305-364-6058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	