

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -8 AM 9:44

AMERICAN STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006769

1. Corporation Name

South Florida Youth Basketball  
Association INC.

600067883216

03/15/06--01009--021 \*\*183.75

REINSTATEMENT 04-06  
CR2E081 (12/05)

2. Principal Office Address

16100 NW 21st ST.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33028

Country

USA

3. Mailing Office Address

16100 NW 21st ST

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33028

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0982715

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

Ernest Sosa

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

16100 NW 21st St.

Suite, Apt. #, Etc.

City

Pembroke Pines FL

State

FL

Zip Code

33028

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

Ernest Sosa

Date 2 Mar 06

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
PD	Sosa Ernest FL 33028 16100 NW 21st Pembroke Pines	16100 NW 21st St Pembroke Pines FL 33028	Pembroke Pines FL 33028
VD	MILLER JOHN 1288 NW 106th Plantation FL 33322	1288 NW 106th St Plantation FL 33322	Plantation FL 33322
VD	Jones Jerry Sunrise FL 3822 44th St 33351	3822 44th St Sunrise FL 33351	Sunrise FL 33351

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: Ernest Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2 Mar 06

Daytime Phone #

454-  
559-2708

To: Whom it May Concern

From: Ernest Sosa (South Florida Youth Basketball Association INC.)  
DOCUMENT #: N00000006769

Please accept our payment in the amount of \$183.75 to re-activate our South Florida Youth Basketball Association Inc. We respectfully request the penalty be waived. Unfortunately, relocation and my administrative oversight caused this to happen.

Respectfully,



Ernest Sosa  
16100 NW 21<sup>st</sup> Street  
Pembroke Pines, FL 33028  
(954) 668-3927