

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000843

1. Corporation Name

Westchase Colts Youth Football, Inc

2. Principal Office Address - No P.O. Box #

13046 Racetrack Road

Suite, Apt. #, etc.

#132

City & State

Tampa, Florida

Zip
33626

Country
USA

3. Mailing Office Address

13046 Racetrack Road

Suite, Apt. #, etc.

#132

City & State

Tampa, Florida

Zip
33626

Country
USA

7. Name and Address of Current Registered Agent

Name

Richard Melvin

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

13046 Racetrack Road

Suite, Apt. #, Etc.

#132

City

Tampa

State

FL

Zip Code

33626

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

Richard Melvin
REGISTERED AGENT MUST SIGN

Date 2/12/2007

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	William Hawkins	13046 Racetrack Road #132	Tampa, Florida 33626
D	Timothy Neel	13046 Racetrack Road #132	Tampa, Florida 33626
VPD	Sherry Melvin <i>2/15</i>	13046 Racetrack Road #132	Tampa, Florida 33626
VPD	Tammy Mayes	13046 Racetrack Road #132	Tampa, Florida 33626
TD	Richard Melvin	13046 Racetrack Road #132	Tampa, Florida 33626
SD	Terri Fragnito	13046 Racetrack Road #132	Tampa, Florida 33626

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:

Richard Melvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2007

Date

813-448-7301

Daytime Phone #

FILED

07 FEB 14 AM 10:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200088459412

02/16/07--01003--001 **490.00

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/2002

5. FEI Number

593676213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.