

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 12:00

DOCUMENT # **N01000005200**

1. Corporation Name

STUART YOUTH FOOTBALL ASSOCIATION, INC.

500009519755
12/30/02--01056--022 **70.00

12/30/02 01056--022 **70.00

Principal Place of Business

P.O. BOX 1609
STUART FL 34995-1609

Mailing Address

P.O. BOX 1609
STUART FL 34995-1609



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/24/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1123706	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				S8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director--(Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LISA HOLMES	917 E. 8 TH ST.	STUART, FLA 34994
D	JOHN HALL	1635 SE ARADADO AVENUE	STUART, FLA 34994
			500009519755 12/16/02--01036--004 **236.25
D	TIMOTHY L. RAINS	918 E. LAKE ST.	STUART, FLA 34994
			9000003737773 12/30/02 01056--004 **152.00

8. Name and Address of Current Registered Agent

BREGMAN, HOWARD ESQ.
GREENBERG, TRAUIG, P.A.
777 S. FLAGLER DRIVE, 300E
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name
TIMOTHY L. RAINS
Street Address (P.O. Box Number is Not Acceptable)
918 E. LAKE ST.
Suite, Apt. #, Etc.

City
STUART
State
FL
Zip Code
34994

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Timothy L. Rains
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/13/02

11. 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:

Timothy L. Rains
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/02

Daytime Phone #

772-215 8996
772-286 5648

CR2ED40 (8/02)