

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000000644**

1. Corporation Name

INTER-UNITED SOCCER CLUB CORPORATION

Principal Place of Business

Mailing Address

572 MOONBEAM RD.
APOPKA FL 32712

572 MOONBEAM RD.
APOPKA FL 32712

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

2. New Principal Office Address, If Applicable

2023 N. Rock Springs Rd

3. New Mailing Office Address, If Applicable

PO BOX 1477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL
32712 Orange

City & State

Apopka FL
32704 Orange

OK# 27360
FILED

05 MAY 26 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2002

5. FEI Number

59-3461835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| P | POWELL, JIM | 572 MOONBEAM RD. | APOPKA FL 32712 |
| D | MATTHEWS, DOUG | 2915 AUTUMN WOOD TRAIL | APOPKA FL 32703 |
| D | DOERK, RUSSELL | 501 N LK SYBELIA DR | MARIAND, FL 32751 |
| S | PARRISH, NOELLE | 1828 SPARKLING WATER CIRCLE | OCOE, FL 34761 |
| D | HAYS, TODD | 301 MCCOY VILLAGE CT | APOPKA, FL 32712 |
| T | POWELL, JEN | 572 MOONBEAM RD. | APOPKA FL 32712 |

8. Name and Address of Current Registered Agent

POWELL, JIM
572 MOONBEAM RD.
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name

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

Suite

City

State
FL

Zip Code

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

Jim Powell
REGISTERED AGENT MUST SIGN

Date

5/20/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)