

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 19 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001125**

1. Corporation Name

**CENTRAL FLORIDA ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

413 S. ALDERWOOD STREET  
WINTER SPRINGS FL 32708

Mailing Address

413 S. ALDERWOOD STREET  
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03

Date Incorporated or Qualified  
To Do Business in Florida

02/14/2002

5. FEI Number

45-0473794

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Tim Molyneaux	413 S. Alderwood St	Winter Springs, FL 32708
VP	Ken Molyneaux	413 S. Alderwood St	Winter Springs, FL 32708
Dir	Michael Staer	57 Aspen St	Daytona Beach, FL 32124

8. Name and Address of Current Registered Agent

BURNS, BEVERLY F  
57 ASPEN STREET  
DAYTONA BEACH FL 32124

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

*Beverly Burns*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/12/03

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

407-327-6230

OR2E040 (7/03)