2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001876

1. Entity Name
TREASURE COAST YOUTH FOOTBALL LEAGUE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 23 PM 4:18

Principal Place of Business	Mailing Address
1404 PLATTS LANE FT. PIERCE, FL 34982	1404 PLATTS LANE FT. PIERCE, FL 34982

09032005 REIN-NP CR2E099 (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 33-1004562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLDEN, KURT D 1404 PLATTS LANE FT. PIERCE, FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Kurt D. Holden 9/9/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLDEN, KURT D 1404 PLATTS LANE FT. PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200061663242 11/23/05--01019--020 **122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERSON, BRIAN 750 WHISPER RIDGE TRAIL PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P Rick SheLTRA 7600 Spring HAVEN EST. INDIANTOWN FL 34956
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRADFORD, MICHELE 11531 S.E. DOHRETY ST. TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TD Kelly Miller 2183 SE WASHINGTON STREET STUART, FL 34997
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRC MALONE, PATI 5001 S.E. MEADOW SPRINGS BLVD. STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CHRC MARCIA Bemis 3711 VANDIVER DR. APT. 203 West Palm Beach FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/9/05 772-579-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KURT D. HOLDEN

11/23 AD