FILE No.954 09/23 '04 14:30 ID:CSC TALLAHASSEE FAX:850 558 1515

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 SEP 23 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008735

1. Corporation Name
DeGeorge Youth Football Association, Inc.

REINSTATEMENT 3-04

2. Principal Office Address	3. Mailing Office Address
3208 Pilots Point Circle	3208 Pilots Point Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33477 Country: Palm Beach	Zip: 33477 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida: 10-18-2002

5. FEI Number: 65-0487920 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James G. Einloth

Street Address (P.O. Box Number is Not Acceptable): 11940 N. U. S. Highway 1

Suite, Apt. #, Etc.: 200

City: North Palm Beach State: FL Zip Code: 33408

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: James G. Einloth Date: 9-23-04
REGISTERED AGENT MUST SIGN

CR2E151 (01/04)

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
D	Peter R. DeGeorge	3208 Pilots Point Circle	Jupiter, Florida 33477
D	Peter M. DeGeorge	3208 Pilots Point Circle	Jupiter, Florida 33477
D	Traci DeGeorge	3208 Pilots Point Circle	Jupiter, Florida 33477

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 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: Peter R. DeGeorge 9/23/04 561-818 2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DEGEORGE YOUTH FOOTBALL ASSOCIATION, INC.

Certificate of Status	0
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