

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02737

1. Corporation Name

HUDSON YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

Mailing Address

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1984

5. FEI Number

59-2432995

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
DC	RICHARDSON, PAT Ambrogio, Dennis	7803 RUSTY MOOK CT 12727 Buckhorn Drive	HUDSON FL 34667 34669
DVC	ELY, SCOTT	7424 CYNTHIA CT	PORT RICHEY FL 34668
DS	FOLLMAR, PAULA	12929 SUGAR CREEK BLVD	HUDSON FL 34669
DR	RICHARDSON, PAT Wilson, Lisa	12805 WILCOCKMIST LN 10320 Pastel Lane	HUDSON FL 34667 Port Richey, FL 34668
DVC	VESCIO, PAUL	11125 ZIMMERMAN RD	PORT RICHEY FL 34668
DT	JONES, PAT DeWeerd, David	13012 BARKWALLS 13021 Serpentine Dr.	HUDSON FL 34667 34667

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARDSON, PAT
7803 RUSTY MOOK CT
HUDSON FL 34667

Name Dennis Ambrogio

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

12727 Buckhorn Drive

Suite, Apt. #, Etc.

500004717205--6

City

Hudson

12/10/01 State FL Code 003

***2361 TEL ***28625

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.

Signature of
Registered Agent

Dennis Ambrogio
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/2/01

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:

Dennis Ambrogio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/01