


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000193					
1. Entity Name SOUTH FLORIDA UNITED YOUTH SOCCER LEAGUES, INC.					
Principal Place of Business 3111 UNIVERSITY DR #111 CORAL SPRINGS, FL 33065			Mailing Address 3111 UNIVERSITY DR #111 CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-1093411	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL N3311-4132				Name <u>DELROY WALLACE</u> Street Address (P.O. Box Number is Not Acceptable) <u>3111 UNIVERSITY DR.</u> <u>SUITE 111</u> City <u>CORAL SPRINGS</u> FL Zip Code <u>33065</u>	
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 <u>Delroy Wallace</u> <u>DELROY WALLACE</u> <u>7/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PD WALLACE, DELROY 3111 UNIVERSITY DR #111 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 200058018632 07/28/05--01050--007 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENSON, OLIVER 3111 UNIVERSITY DR #111 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAATHEN, JOANNE 3111 UNIVERSITY DR #111 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Delroy Wallace</u> <u>DELROY WALLACE</u> <u>7/22/05</u> <u>954344-5719</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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REINSTATEMENT

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