

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -6 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 104000007775

1. Corporation Name

FSU Men's Lacrosse, Inc.

2. Principal Office Address - No P.O. Box #
1035 Tully Gym

3. Mailing Office Address
1035 Tully Gym

Suite, Apt. #, etc.

Men's Lacrosse

Suite, Apt. #, etc.

Men's Lacrosse

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip Country
32306 USA

Zip Country
32306 USA

600162586386
11/09/09--01001--009 **315.00

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 08/06/2004

5. FEES
20-145-9295

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jake Hornstein

Street Address (P.O. Box Number is Not Acceptable)
2614 West Tennessee St.

Suite, Apt. # Etc.
#5201

City
Tallahassee

State Zip Code
FL 32306

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

J. Hornstein
REGISTERED AGENT MUST SIGN

Date 11/4/09

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
T	Jake Hornstein	2614 W. Tennessee St. #5201	Tallahassee, FL 32306
P	Stewart Lundeen	2614 W. Tennessee St. #5201	Tallahassee, FL 32306
V	Robert Lee	421 Murat St.	Tallahassee, FL 32304
S	Peter Soukup	812 W. Jefferson St.	Tallahassee, FL 32306

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 contained in Chapter 119, 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:

J. Hornstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/09

(516) 527-880