

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 14 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007890

1. Corporation Name

Poinciana Predators Youth Football, Inc.

2. Principal Office Address - No P.O. Box #

417 Brookfield Drive

3. Mailing Office Address

417 Brookfield Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34758

Country

Osceola

Zip

34758

Country

Osceola

400149763734

04/14/09--01002--008 **358.75

REINSTATEMENT

0709

4. Date Incorporated or Qualified
To Do Business in Florida 8/11/2004

5. FEI Number
02-0596143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee
Additional Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan Lindstrom

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

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

☐ 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

REGISTERED AGENT MUST SIGN

Date 4/7/09

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
P/D	Jonathan Lindstrom	417 Brookfield Drive	Kissimmee, FL 34758
VP/D	Warren Gill	62 Sawfish Court	Kissimmee, FL 34759
T/D	Denise Rodriguez	23 Flatfish Drive	Kissimmee, FL 34759
D	Jodie Young	6 Dorset Drive	Kissimmee, FL 34758

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:

Jonathan A. Lindstrom

4/7/09

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14
ad