

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 15 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05004**

1. Corporation Name

CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.

Principal Place of Business

P O BOX 279
LAND O' LAKES FL 34639

Mailing Address

P O BOX 279
LAND O' LAKES FL 34639



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		4. Date Incorporated or Qualified To Do Business in Florida 09/08/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 50-2439154	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 (A statement of fees 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
P	HICKMAN Bob	22742 Southshore Drive	LAND O' LAKES FL 34639
D	Amy Tanner	P.O. Box 2030	LAND O' LAKES FL 34639
D	MILLEN, MICHAEL	21651 CARSON DR.	LAND O' LAKES FL 34639
V	Art Fontanes	1129 Fox Chapel Drive	LAND O' LAKES FL 34639
TD	FELDER, JANIE E	27217 BREAKERS DRIVE	WESTLEY CHAPEL FL 33543

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FOCHT, ROBERT M., ESQ. 4512 LAND O' LAKES BLVD. N LAND O' LAKES FL 34639		Name Street Address (P.O. Box Number, if applicable) Suite, Apt. #, etc. State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Focht Robert M. REQUIRED

Date **11/11/99**

REGISTERED AGENT MUST SIGN

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:

Janie E. Felder REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/11/99**

Daytime Phone # **813-973-1203**

CR22040 (8/99)