PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 08 OCT 20 PH 1: 17 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECILLARIA OF STATE TALLAHASSEE, FLORIDA DOCUMENT # /\ + 1. Corporation Name BRENT YOUTH SPORTS ASSOCIATION, INC. 800136743308 10/08/08--01026--003 **192.50 800136743308 10/20/08--01024--003 **183,75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 438 SHILOH DR P.O. BOX 6027 CR2E081 (10/08) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To De Business in Florida 09/13/2002 City & State City & State 5. FEI Number Applied For PENSACOLA, FL PENSACOLA, FL 52-2375181 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED **ESCAMBIA** 32505 **ESCAMBIA** 32503 7. Name and Address of Current Registered Agent ▼ The reinstatement fee is imposed, except in CYNTHIA MERKERSON circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 431 SHILOH DRIVE are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code State 32503 PENSACOLA 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 Date 10/04/08 Registered Agent BRED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles ' City / State / Zip PRES CYNTHIA MERKERSON 431 SHILOH DRIVE PENSACOLA, FL 32503 4422 DEAUVILLE WAY **JEANINE BURK** VICE, PENSACOLA, FL 32505 SECE STEPHANIE DAVIS 7042 RAMPART WAY PENSACOLA, FL 32505 TREA **GREGORY CLAKE** 5206 CLIFTON AVE PENSACOLA, FL 32505 **GWEN RANDALL** 501 W. STREET LADY PENSACOLA, FL 32505 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 filling

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

NG OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: