

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 PM 10:07

DOCUMENT # **NO9 000011313**

1. Corporation Name

South Lake Eagles Soccer Boosters, Inc.

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

11119 Preston Cove Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

11119 Preston Cove Rd.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A.

800201535268

04/13/11--01002--007 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/2009

5. FEI Number
27-1393003

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

Christina T Rider

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

11119 Preston Cove Rd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/4/11

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
President	Eric Stalnaker	630 Woods Landing Dr.	Minneola, FL 34715
V.P.	Brian Smith	1220 W. Lakeshore Dr.	Clermont, FL 34711
Sec/Treas	Christina Rider	11119 Preston Cove Rd.	Clermont, FL 34711

10. E-mail Address: **crider2@cfl.rr.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] **Christina Rider**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/11 352-242-2307

Daytime Phone #

4/12/11
DR