

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 AM 11:44

DOCUMENT # **NO9229**

1. Corporation Name

Eagle Youth Sports Inc.
WOOD-12109

Principal Place of Business

Mailing Address

P O Box 620627
Orlando, FL 32762-0627

REINSTATEMENT 97-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

X New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1983

Suite, Apt. #, etc.

4200 Dike Road

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Orlando, FL

Zip
32792

Country
US

Zip
32762

Country
USA

5. FEI Number

59-2552000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Kevin Herbst D	3136 Heartleaf Pl.	Winter Park, FL 32792
Vice Pres	Renee Soule D	5443 County Fair Ct	Orlando, FL 32765
Sec.	Belinda Applegate D	1042 Manchester Cir.	Winter Park, FL 32792
Treas.	Paula Nemethy D	1835 Brooks Lane	Orlando, FL 32765

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****420.00 ****420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Renee Soule

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

5443 County Fair Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32765

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Renee Soule

REGISTERED AGENT MUST SIGN

Date

4/20/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

Belinda Applegate Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

Daytime Phone #

407 481 9814

CR2E040 (1/98)