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
96 NOV 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11030

1. Corporation Name
TITUSVILLE SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 663 TITUSVILLE FL 32781	PO BOX 663 TITUSVILLE FL 32781

REINSTATEMENT

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/1985

5. FEI Number: 59-2648630 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
~~PD~~ P/D	~~DOUD, CHARLIE~~ Vasseler , Louis	~~5375 WENDY LEE DRIVE~~ 3305 Melody Lane	~~TITUSVILLE FL 32780~~ Titusville, Fl 32796
VD	BERTOT, ED	2675 ST. MARKS DRIVE	TITUSVILLE FL 32780
T	PARKER, CRAIG	4626 LONGBOW DRIVE	TITUSVILLE FL 32796
D	TUMBLIN, WINNIE	4180 TOM COURT	MIMS FL 32754
~~SD~~	~~STANSBERRY, SUSAN~~	~~3497 CONSTANCE ST.~~	~~TITUSVILLE FL 32780~~

8. Name and Address of Current Registered Agent

DOUD, CHARLIE
5375 WENDY LEE DRIVE
TITUSVILLE FL 32780

9. Name and Address of New Registered Agent

Name: Vasseler, Louis
Street Address (P.O. Box Number Is Not Acceptable): 3305 Melody Lane
Suite, Apt. #, Etc.:
City: Titusville State: FL Zip Code: 32796

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12/02/96 01030 002
245.00 245.00

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 11/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(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: SIGNATURE REQUIRED
Craig Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer
11/7/96 Date
(407) 867-7936 Daytime Phone #