

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04000024089

FILED

04 JUL -7 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N18571

1. Corporation Name

Coral Springs Soccer Club Inc

2. Principal Office Address

12783 NW 13th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip

Country

33071

USA

600038139816
06/21/04--01080--001 **358.75

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

Jan 2, 1987

5. FEI Number

992757221

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

Bruce Harris

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

16100 West Sample Road

Suite, Apt. #, Etc.

321

City

Coral Springs,

State
FL

Zip Code

33065

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]

Date: 6/29/04

REGISTERED AGENT MUST SIGN

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	Mike Shepard	12783 NW 13th Ct	Coral Springs FL 33071
V.P.	Fitz Sinclair	4606 NW-98 lane	Coral Springs, FL 33076
Sec.	Jim Greene	7911 CATALINA CIRCLE	TAMARAC, FL 33321

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 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] Mike Shepard

6/5/04 954-325-1342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 22, 2004

CORAL SPRINGS SOCCER CLUB, INC.
12783 N W 13TH CT
CORAL SPRINGS, FL 33071 US

SUBJECT: CORAL SPRINGS SOCCER CLUB, INC.
Ref. Number: N18571

We have received your document for CORAL SPRINGS SOCCER CLUB, INC. and your check(s) totaling \$358.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 004A00041347