

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG -2 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

N23/75

1. Corporation Name

Frostproof Youth Football League,

2. Principal Office Address

P.O. Box 1173

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1173

Suite, Apt. #, etc.

City & State

Frostproof, FL

City & State

Frostproof, FL

Zip

33843

Country

POLK

Zip

33843

Country

POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/87

5. FEI Number

592498368

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

Ida E NELSEN

300003360033-6

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

1851 State Road 630 West

08/17/00-01005-005

\*\*\*\*481.25 \*\*\*\*481.25

Suite, Apt. #, Etc.

F

City

Frostproof

State

FL

Zip Code

33843

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

Ida E NELSEN

REGISTERED AGENT MUST SIGN

Date 7-30-00

**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
P/D	Debbie Goddard	113 Tiger Creek Groves Babson Park, FL 33827	Babson Park, FL 33827
V/D	Ritchie Calhoun	4604 OLD SR 8	Avon Park, FL 33825
T/S/D	Ida E. NELSEN	1851 SR 630 West	FROSTPROOF, FL 33843

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

Ida E NELSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-30-00

Daytime Phone #

(863)

679-8326(10)

KE

CR2E081 (9/99)