

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 23 AM 11:59

DOCUMENT # 1723175

1. Corporation Name

Frostproof Youth Football League, Inc.

2. Principal Office Address

P.O. Box 1123

Suite, Apt. #, etc.

City & State

Frostproof FL

Zip 33843

Country Polk

3. Mailing Office Address

P.O. Box 1123

Suite, Apt. #, etc.

City & State

Frostproof FL

Zip 33843

Country Polk

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1987

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

Robert Beasley Jr.

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

214 Chesney Blvd.

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

300004500589-0

-07/26/01-01087-025

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

Robert N Beasley Jr.

REGISTERED AGENT MUST SIGN

Date

7/20/01

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/O	Robert Beasley Jr	214 Chesney Blvd	Frostproof FL 33843
V/O	Ritchie Calhoun	4504 Old SR 8	Avon Park FL 33825
D	Julie Beasley	214 Chesney Blvd.	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:

Robert N Beasley Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

Date

(863) 528-1973

Daytime Phone #

CR2E081 (9/00)