

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:27

DOCUMENT # N26384

1. Corporation Name

Oviedo Lions Youth Football Club, Inc.

B 6/28/08
REINSTATEMENT 04-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

510 Kelly Green Street

3. Mailing Office Address

P.O. Box 620758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

USA

Zip

32762-0758

Country

USA

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

5/11/1988

5. FEI Number

592885941

☐ 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

Frank V. Sloan

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

510 Kelly Green Street

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Frank V. Sloan
REGISTERED AGENT MUST SIGN

Date **6/16/08**

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
D/C	Frank V. Sloan	510 Kelly Green Street	Oviedo, FL 32765
P	Jeff Woodard	2472 Genova Drive	Oviedo, FL 32765
T	Linda Lougee	1838 Carillon Park Drive	Oviedo, FL 32765
S	Debbie Long	196 Shady Lane	Oviedo, FL 32765

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 contained in Chapter 119, 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:

Frank V. Sloan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank V. Sloan

6/16/08

Date

407-222-4302

Daytime Phone #