

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

00 NOV -3 PM 4:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N28354

1. Corporation Name

FLORIDA UNITED GIRLS SOCCER ASSOCIATION, INC.

Principal Place of Business

2660 NW 105 TERR
CORAL SPRINGS FL 33065

Mailing Address

2660 NW 105 TERR
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1988

5. FEI Number

65-0057398

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	MAGLI, BARBARA	840 SW 49TH TERRACE	MARGATE FL
PD	RAY, DIANE	2660 NW 105TH TERRACE	CORAL SPRINGS FL
VD	SHAW, RAYMOND	117 KINGS WAY	ROYAL PALM BCH FL 33411
T	CAPPELO, ANTHONY	5197 ROSEN BLVD	BOYNTON BEACH FL
T	WAX, BARRY	9099 NW 52 ND CT	CORAL SPRINGS FL 33065 100003474721 EL-8 -11/27/00--01001--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

RAY, DIANE
2660 NW 105 TERR
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

REINSTATEMENT 2000

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State _____ Zip Code _____
FL 33065

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 10/29/2000

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2000
Date

954-344-9173
Daytime Phone #