

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N28354

1. Corporation Name

Florida United Girls Soccer  
Association

2. Principal Office Address

2660 NW 105 Terr.  
Suite, Apt. #, etc.

3. Mailing Office Address

Same  
Suite, Apt. #, etc.

City & State

Conal Springs, FL

City & State

Same

Zip

33065

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

9-14-1988

5. FEI Number

650057398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2003**

**7. Name and Address of Current Registered Agent**

Name

Diane Ray

400026986584

01/15/04--01009--003 \*\*236 25

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

2660 NW 105 Terrace

Suite, Apt. #, Etc.

City

Conal 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

Diane Ray

Date

12/18/03

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
PD	<u>Diane Ray</u>	<u>2660 NW 105 Terrace</u>	<u>Conal Springs, FL 33065</u>
VPP	<u>Stephen Eros</u>	<u>1280 NW 167 Ave</u>	<u>Pensacola, FL 33028</u>
SD	<u>Bubba Masi</u>	<u>840 SW 49 Terrace</u>	<u>Margate FL</u>
TP	<u>Patrick Gent</u>	<u>7441 SW 6 St.</u>	<u>Plantation FL 33317</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Gent

Date

12-17-03

Daytime Phone #

954-981-3330 x14

CR2001 (10/02)