

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

00 JUN 26 AM 10:48

DOCUMENT # N31286

1. Corporation Name

Central Florida Youth Football Federation, Inc.

2. Principal Office Address

6600 SyFert CT

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

ORange

3. Mailing Office Address

6600 SyFert CT

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

ORange

REINSTATEMENT 99-00

4. Date incorporated or Qualified
To Do Business in Florida

03/21/1989

5. FEI Number

59-2679633

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

Anthony Symonette

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

6600 SyFert CT

Suite, Apt. #, Etc.

908003321549-3

-07/13/00-01002-000

****306.25 ****306.25

City

Orlando

State

FL

Zip Code

32818

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

Anthony Symonette
REGISTERED AGENT MUST SIGN

Date June 20, 2000

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
CT	Anthony Symonette	6600 SyFert CT.	Orlando, FL 32818
P	Alvin Brinson	5532 Long Breeze Rd	Orlando, FL 32818
V/S	Renee Symonette	6600 SyFert CT	Orlando, FL 32818
D	Rodrick Tanner	8214 Cathy Ann ST	Orlando, FL 32818
D	Renia Brinson	5532 Long Breeze Rd	Orlando, FL 32818
M	Jamie Tanner	8214 Cathy Ann ST	Orlando, FL 32818

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:

Anthony Symonette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Symonette 6/20/2000 (407) 293-5146

Date

Daytime Phone #