

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 DEC 22 PM 1:23

DOCUMENT # N36261

1. Corporation Name

Jensen Beach Youth Athletic  
Association, Inc.

W-29309

2. Principal Office Address

2369 NE Dixie Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1956

Suite, Apt. #, etc.

REINSTATEMENT 96-22

City & State

Jensen Beach, FL

Zip  
34957

Country  
USA

City & State

Jensen Beach, FL

Zip  
34958

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11.19.00

5. FEI Number

65-0112439

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

Michael Bocchino

100003529781--0

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

2456 NE Clarissa St

-01/09/01--01064--12

\*\*\*481.25 \*\*\*481.25

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

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

Michael Bocchino

Date 12-7-00

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
D Pres.	Michael Bocchino D	2456 NE Clarissa St	Jensen Beach FL 34957
D VP	Louis Viamontes D	1917 NE 21st Terrace	Jensen Beach FL 34957
D Treas.	Loretta Shekailo D	2746 NE Cypress La	Jensen Beach FL 34957
D Sec.	Mark Zimmerman D	3000 NE Heather Ct.	Jensen Beach FL 34957

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:

Loretta Shekailo

Loretta Shekailo

Date

12/7/00

Daytime Phone #

561-334-4853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E081 (9/99)