

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36261**

1. Corporation Name

Jensen Beach Youth Athletic Association, Inc.

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

244 Acacia Tr.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

34957

Country

USA

3. Mailing Office Address

PO Box 669

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

34958

Country

USA

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

Name

Michael Cusimano

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

244 NE Acacia Tr.

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

REGISTERED AGENT MUST SIGN

Date 01/12/2010

**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
DP	Michael Cusimano	244 NE Acacia Tr	Jensen Beach, FL 34957
DVT	Susan Kloosterman	1654 NE Silvia Ave	Jensen Beach, FL 34957
DS	Bethsheba Cusimano	244 NE Acacia Tr	Jensen Beach, FL 34957

10. E-mail Address: sklooste56@gmail.com

(To be used for future annual report notification)

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. I further certify, 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

Michael Cusimano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2010 772-678-8560

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB -2 AM 8:51

500166588045  
02/02/10--01040--001 \*\*61.25

500166588045  
01/19/10--01033--021 \*\*367.50

REINSTATEMENT 07-10  
CB2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/19/1990

5. FEI Number  
65-0112439

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.