

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N40483**

1. Corporation Name

COCONUT CREEK SOCCER CLUB, INC.

Principal Place of Business

5005 NW 39TH AVENUE
 COCONUT CREEK FL 33073-5039

Mailing Address

3042 BAYBERRY WAY
 MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2831466

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PD	ANDERSON, STEVE	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073
V	LOGGALZO, SUSAN	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073
SD	HENRICKSON, MICHAEL	5005 NW 39TH AVENUE	COCONUT CREEK, FL 33073
OV	GREEN, ROBERT	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073
V D	KAPLAN, LEE	5005 NW 39TH AVENUE	COCONUT CREEK, FL 33073
V	ALFARO, CARLOS	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073
V	WOLF, SMERL	5005 NW 39TH AVENUE	COCONUT CREEK, FL 33073
S	GOTTER, PATRICK	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073
V D	BAIRD, GLEN	5005 NW 39TH AVENUE	COCONUT CREEK, FL 33073
TD	AGOSTINO, VINCENT JR	5005 NW 39TH AVENUE	COCONUT CREEK FL 33073

8. Name and Address of Current Registered Agent

HENRICKSON, MICHAEL R
 3042 BAYBERRY WAY
 MARGATE FL 33063

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of Registered Agent

Michael R. Henrickson
 REGISTERED AGENT MUST SIGN

Date

10/31/02

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)(l), 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:

Michael R. Henrickson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02

CR2E040 (8/02)