

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 SEP 15 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40748

1. Corporation Name

South Florida Junior Volleyball Club,  
INC.

600160686156  
09/15/09--01032--003 \*\*8.75

600160686156  
09/15/09--01032--002 \*\*726.25

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

1269 NE 99 St

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 531035

Suite, Apt. #, etc.

City & State

Miami Shores FL

City & State

Miami FL

Zip

33138

Country

USA

Zip

33153

Country

USA

REINSTATEMENT 01-09  
OR22061 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/9/1990

5. FEI Number

65-0236884

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

ANN MARIE INDORF

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

1269 NE 99 St

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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.

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

Ann Marie Indorf

REGISTERED AGENT MUST SIGN

Date

9/11/09

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	ANN MARIE INDORF	1269 NE 99 St	Miami Shores FL 33138
M	Elaine Cooper	41 NE 95 St	Miami Shores FL 33138
T	Juan Rey	1304 O Coronado DR.	N. Miami FL 33181
S	Margie Scott	1100 NE 87th St	Miami FL 33168

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 contained in Chapter 119, 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:

Ann Marie Indorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/09 786-2804344

Date

Daytime Phone #

209/16