

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 26 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N43644**

**1. Corporation Name**

South Florida Youth Football Cheerleading, Corp.

**2. Principal Office Address**

4090 Old Spanish Trail

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33462

Country

US

**3. Mailing Office Address**

4090 Old Spanish Trail

Suite, Apt. #, etc.

City & State

Lantana

Zip

33462

Country

US

600037791096  
06/09/04--01019--002 \*\*612.50  
**REINSTATEMENT 98-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1991

**5. FEI Number**

650440320

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

Deborah Jones

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

4090 Old Spanish Trail

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

**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

*Deborah Jones*  
REGISTERED AGENT MUST SIGN

Date **5/17/04**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| D/P    | Carolyn Ware                         | 901 SW 4th Street                                 | Delray Beach, FL 33444 |
| D/VP   | Deborah Jones                        | 4090 Old Spanish Trail                            | Lantana, FL 33462      |
| D/2VP  | Corneise Weaver                      | 3461 NW 174th Street                              | Miami, FL 33056        |
| D/S    | Monica Perry                         | 2161 NW 97th Street                               | Miami, FLL 33147       |
|        |                                      |   |                        |
|        |                                      |   |                        |

**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)(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:**

*Deborah Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/17/04**  
Date

**561-912-2533**  
Daytime Phone #

CR2E081 (10/02)