

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45567**

1. Corporation Name

FUTBOL CLUB OF ST. PETERSBURG, INC.

Principal Place of Business

6880 52ND STREET, NORTH
PINELLAS PARK FL 04665

Mailing Address

6880 52ND STREET, NORTH
PINELLAS PARK FL 34665

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33781

Country

Zip

33781

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1991 **12/30**

5. FEI Number

59-3106914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HENRY, EARL	6880 52ND ST. NO.	PINELLAS PARK FL
T	MCGOWAN, THOMAS	6880 52ND ST. NO.	PINELLAS PARK FL
PD	FARIAS, RUI	1340 17TH AVENUE NORTH	ST. PETERSBURG FL
SD	STEHL, GEORGIA	504 100 AVENUE NORTH	ST. PETERSBURG FL
D	FARIAS, RUI	1340 17TH AVENUE	ST. PETE. FL.
D	STEHL GEORGIA	504 100 AVENUE N.	ST. PETE, FL

8. Name and Address of Current Registered Agent

HENRY, EARL E.
6880 52ND STREET N.
PINELLAS PARK FL 04665 **33781**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Accepted) **33000 3040662-3**
-12/30/96-01017-001
Suite, Apt. #, Etc. *****611.25 ***236.25**
City State Zip Code
FL 33781

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-22-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EARL E HENRY**

Date **10/22/96** Daytime Phone # **813 526-7097**