

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 # N50226

1. Corporation Name

SOUTH HILLSBOROUGH SOCCER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3689
APOLLO BEACH FL 33572-1006

P.O. BOX 3689
APOLLO BEACH FL 33572-1006

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3132620

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DT	WANNER, DEBBIE	911 GOLF ISLAND DR	APOLLO BEACH FL 33572
BP	RELIHAN, WILLIAM C	817 CHIPAWAY DR	APOLLO BEACH FL 33572
DV	MCCAY, HAROLD	11435 MCMULLEN RD	RIVERVIEW FL 33569
DP	McCay JR., Harold S.	11435 McMullen Rd.	Riverview, Fl. 33569
DV	Shireling, Bob	915 Spindle Palm Way	Apollo Beach, Fl. 33572

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RELIHAN, WILLIAM C
817 CHIPAWAY DR
APOLLO BEACH FL 33572

Name Harold S. McCay JR.
Street Address (P.O. Box Number is Not Acceptable)
11435 McMullen Rd.
Suite, Apt. #, Etc.

City Riverview State FL Zip Code 33569

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

Harold S. McCay Jr.
REGISTERED AGENT MUST SIGN

Date 12-2-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(i), 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 A. Wanner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-98 (813) 641-3195

Date Daytime Phone #

FILED

98 DEC -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

CR2EQ40 (9/98)