

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:27

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000244

1. Corporation Name

Greater Central Florida Youth League, Inc.

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

341 N. Maitland Avenue

3. Mailing Office Address

341 N. Maitland Avenue

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1992

5. FEL Number

59-3132871

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  
James B. Dorman, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
341 N. Maitland Avenue

Suite, Apt. #, Etc.  
Suite 250

City  
Maitland

State  
FL

Zip Code  
32751

☐ 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

REGISTERED AGENT MUST SIGN

Date 08/27/2007

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
PD	Michael Hyatt	3111 Dow Ct.	DELTONA, FL 32738
VPD	Frank Basile	700 Valley Stream Drive	Geneva, FL 32732
TD	James B. Dorman, Jr.	341 N. Maitland Ave, Suite 250	Maitland, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/2007

Date

Daytime Phone #