

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -9 AM 9:33

DOCUMENT # N93000001480

1. Corporation Name

Port St. John Rockets Youth Football and
Cheerleading League Inc.

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

7160 Briggs Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 472

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32927

Country

USA

City & State

Sharpes FL

Zip

32959

Country

USA

300131505833
06/19/08--01039--004 **253.75

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

32-7529054

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

Christine A Mancini

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

7160 Briggs Ave

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32927

☒ 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

Christine A Mancini

REGISTERED AGENT MUST SIGN

Date 6/13/08

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 |
|-----------|--------------------------------------|---|--------------------|
| VP | Jason Falkner | Po Box 472 | Sharpes FL 32959 |
| Secr. | Kim Mobley | Po Box 472 | Sharpes FL 32959 |
| Treasurer | Carey Williams | Po Box 472 | Sharpes FL 32959 |
| Pres | Christine Mancini | Po Box 472 | Sharpes FL 32959 |

REINSTATEMENT 05-08

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:

Christine A Mancini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/08

Date

321-

514-8903

Daytime Phone #