

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 93 00000 1651**

1. Corporation Name

Youth Education through Soccer, Inc
(Y.E.S.)

W00-1651

REINSTATEMENT 95.00

2. Principal Office Address

16601 NE 15 AV

Suite, Apt. #, etc.

3. Mailing Office Address

1595 NE 135 St

Suite, Apt. #, etc.

407

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/93

City & State

N. Miami Beach FL

City & State

Miami FL

Zip

33162

Country

USA

Zip

33161

Country

USA

5. FEI Number

65-0463679

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

MARIO Apollon

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

1595 NE 135 St

Suite, Apt. #, Etc.

Apt 407

City

Miami

000003386920-7

-09/08/00-01075-008

*****551.25 ***551.25**

State

FL

Zip Code

33161

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

Mario Apollon

REGISTERED AGENT MUST SIGN

Date

6/26/00

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
D	MARIO Apollon	1595 NE 135 St #407	Miami FL 33161
D	Frantz Edouard	4315 Reflection Blvd	Sunrise FL 33351
D	Antoine Bayard	5835 Washington St #50	Hollywood FL 33023
1			

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)(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:

Mario Apollon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00
Date

(305) 895-9153
Daytime Phone #

CR2E081 (9/99)