

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB -8 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 93000001651**

**1. Corporation Name**

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

**2. Principal Office Address**

**16601 NE 15th Ave  
Suite, Apt. #, etc. (Soccer site)**

**City & State**

**North Miami Beach, FL**

**Zip**

**33162**

**Country**

**USA**

**3. Mailing Office Address**

**2099 NE 183 St  
Suite, Apt. #, etc.**

**City & State**

**North Miami Beach, FL**

**Zip**

**33179**

**Country**

**USA**

**4. Date Incorporated or Qualified  
to Do Business in Florida**

**4/12/93**

**5. FEI Number**

**03-0382016**

**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)**

**2099 NE 183 St**

**Suite, Apt. #, Etc.**

**City**

**North Miami Beach**

**State**

**FL**

**Zip Code**

**33179**

**400004961934-5**

**02/20/02-01076-003**

**\*\*\*\$65.00 \*\*\*\$65.00**

**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**

**Date**

**2/1/02**

**REGISTERED AGENT MUST SIGN**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>D</b>	<b>MARIO Apollon</b>	<b>2099 NE 183 St</b>	<b>North Miami Beach, FL 33179</b>
<b>D</b>	<b>Frantz Edouard</b>	<b>5330 NW 88th Ave #A104</b>	<b>Sunrise FL 33351</b>
<b>D</b>	<b>Antoine Bayard</b>	<b>2215 N 49th Ave</b>	<b>Hollywood FL 33021</b>

**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**

**Date**

**2/1/02**

**(305) 682-8535**

**Daytime Phone #**

CR2E081 (9/01)