

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

05 JUL 26 PM 3:39

DOCUMENT # N 9300000 1785

1. Corporation Name

Seminole Shooting Stars Soccer
Association, Inc

2. Principal Office Address

9100-113th St N

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 7917

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

US

Zip

33775-7917

Country

US

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/1993

5. FEI Number

593178844

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

Sheila Groff

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

10118 63rd Ave. N.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

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

Sheila Groff

REGISTERED AGENT MUST SIGN

Date 6/16/05

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
S-D	Sheila Groff	10118 63rd Ave. N	Seminole, FL 33772
P-D	JC Crouch	5280 90 th Terrace N.	Pineles Park, FL 33782
V-D	Yoshi Smoot	12157 81 st Ave.	Seminole, FL 33772
T-D	Cindy Gordon	11442 86 th Ave	Seminole, FL 33772
R-D	April Ellison	11444 Robert. Dr.	Seminole, FL 33772
C-D	Russ Settle	12994 88 th Ave. N.	Seminole, FL 33776

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:

Sheila Groff Sheila GROFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-05

Date

888-252-5026

Daytime Phone #

WORK

CR25081 (01/05)