PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED AND FILED
00 MAY 30 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001989

1. Corporation Name
TARPON SPRINGS YOUTH SOCCER ASSOCIATION, INC.

W00-13092

REINSTATEMENT 97-00

2. Principal Office Address	**3.** Mailing Office Address
921 E. KLOSTERMAN RD	921 E. KLOSTERMAN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TARPON SPRINGS, FL	TARPON SPRINGS, FL
Zip 34689 Country USA	Zip 34689 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/24/1993

5. FEI Number 59-3176415 ☐ 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

200003308022--5
-06/28/00--01076--009
*****28.75 *****28.75

Name: MICHAEL GERMANO
Street Address (P.O. Box Number is Not Acceptable): 921 E. KLOSTERMAN RD
Suite, Apt. #, Etc.:
City: TARPON SPRINGS, FL State: FL Zip Code: 34689

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: Michael Germano Date: 5/2/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES	MICHAEL GERMANO – DIRECTOR	921 E. KLOSTERMAN RD TARPON SPRINGS FL	TARPON SPRINGS, FL 34689
TREAS	SUSA WELCH – DIRECTOR	921 E. KLOSTERMAN RD	TARPON SPRINGS FL 34689
V.P.	ROBERT WELCH – DIRECTOR	921 E. KLOSTERMAN RD	TARPON SPRINGS FL 34689
V.P.	STEVE HEJL	921 E. KLOSTERMAN RD	TARPON SPRINGS FL 34689

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: Michael Germano MICHAEL GERMANO, PRESIDENT 5/2/2000 727-938-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #