

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 27 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002536

1. Corporation Name

Peace River Youth Soccer Association, Inc.

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

1121 Homeland Garfield Road

Suite, Apt. #, etc.

City & State

Bartow, FL

Zip
33830

Country
Polk

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-93

5. FEI Number

59-3228400

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
William C. Greene

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

1121 Homeland Garfield Road

Suite, Apt. #, Etc.

City
Bartow

State
FL

Zip Code
33830

☒ 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

William C. Greene

REGISTERED AGENT MUST SIGN

Date 7-26-07

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
V/D	William C. Greene	1121 Homeland Garfield Road	Bartow, FL 33830
P/D	William S. Cribb	4910 Ironwood Trail	Bartow, FL 33830
T/D	Allison Eldridge	1281 County Road 640	Bartow, FL 33830
S/D	Jennifer Smith	211 S. Hankin Rd	Bartow, FL 33830
REINSTATEMENT 06-07 700106832107 07/27/07--01059--002 **183.75			
RH RLH			

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:

William C. Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-07

Date

863-205-8122

Daytime Phone #