PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 99 HAR 15 PH 3: 30 GORDA SOCCER Club, DNC. TALLAHASSI J. FLORIDA Mailing Address Principal Place of Business Beacon Dr. 3501 Charlote Fl 33980 If above addresses are incorrect in any way, line through incorrect information and enter correction REINS'. New Principal Office Andress If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Suite, Apt. #, etc Suite, Apt #, etc 5 FEI Number 65061472 City & State City & State 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Pt. Chan FL 33980 D 3501 Beacon Dr. OI Charlotto F 338
D 4346 hake sper St Pt Char FL 33942 6286 Bewon Blid 1 (00)00012(8)1 4 88811 ; 4 -03/23/39 - 01031 (005 ****287.50 *****287.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LURetta S. Aber Street Address (P.O. Box Number is Not Acceptable) 3501 Beacon Q. Suite Apt #, Etc Ot. ChARlotte, Pl 33980 State | Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN This corporation owes the current year (See other side for information Yes 🔼 No 🗀 on intangible tax } Intangible Personal Property Tax due June 30. 12. Learlify 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