

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005737**

1. Corporation Name

KISSIMMEE VALLEY ALL COUNTY YOUTH SOCCER, INC.

Principal Place of Business

**307 LAPAZ DR.
KISSIMMEE FL 34743**

Mailing Address

**P.O. BOX 450912
KISSIMMEE FL 34745-0912**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SD	BRAVATO, CATHY	1930 CAROLYN COURT	ST. CLOUD FL
DP	COLLIER, DON	1850 PALMETTO DR	KISSIMMEE FL
D	BURNHAM, MICHELE	188 LAPAZ BURNHAM	KISSIMMEE FL
T	HART, STEVE	3521 WOODBERRY CT	KISSIMMEE FL

8. Name and Address of Current Registered Agent

**COLLIER, DONALD W.
1850 PALMETTO DRIVE
KISSIMMEE FL 34744**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Donald W. Collier

REGISTERED AGENT MUST SIGN

Date **Nov 26, 1997**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Donald W. Collier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 26, 1997

Date

Daytime Phone #

FILED

97 DEC 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1993

5. FEI Number

59-3218332

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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-12/17/97-01091-012
*****236.25 ***236.25**

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