PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # N93000005737

1. Corporation Name

GREATER OSCEOLA UNITED SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
1400 SUGAR CANE DRIVE KISSIMMEE FL 34744 US	1400 SUGAR CANE DRIVE KISSIMMEE FL 34744 US

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

300025329323
01/05/04--01017--032 **61.25

2. New Principal Office Address, If Applicable
1103 Penn Ave
Suite, Apt. #, etc.
City & State: St. Cloud FL
Zip: 34769 Country: Osceola

3. New Mailing Office Address, If Applicable
P.O Box 701776
Suite, Apt. #, etc.
City & State: St. Cloud, FL
Zip: 34770 Country: Osceola

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/1993

5. FEI Number: ~~59-3218332~~ 36-4504237 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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 3	City / State / Zip 4
PD	~~CLEVENGER, GEORGE R~~ Martinez, Ariel	~~1400 SUGAR CANE DRIVE~~ P.O. Box 701776	~~KISSIMMEE FL 34744~~ St. Cloud, FL 34770
VD	~~FARAJI, MOHSEN~~ Lindell, Ryan	~~2225 WOODSTEM COURT~~ P.O. Box 701776	~~SAINT CLOUD FL 34772~~ St. Cloud, FL 34770
TD	~~BARNETT, RONDED~~ LeCaptain, Myra	~~1008 SHAWNDA LANE~~ P.O. Box 701776	~~KISSIMMEE FL 34741~~ St. Cloud, FL 34770
SD	~~EVERETT, TERESA~~ LeCaptain, Myra	~~5000 DIGSTON DRIVE~~ P.O. Box 701776	~~SAINT CLOUD FL 34771~~ St. Cloud, FL 34770
			12/08/03--01081--001 **236.25
			300025329323
			12/08/03--01081--001 **236.25

8. Name and Address of Current Registered Agent

~~CLEVENGER, GEORGE R~~
~~1400 SUGAR CANE DRIVE~~
~~KISSIMMEE FL 34744~~
Myra LeCaptain
4445 Canoe Creek Rd
St. Cloud, Fl. 34772

9. Name and Address of New Registered Agent

Name: Myra LeCaptain
Street Address (P.O. Box Number is Not Acceptable): ~~4445 Canoe Crk Rd~~ P.O. Box 701776
Suite, Apt. #, Etc.:
City: St. Cloud, FL
State: FL
Zip Code: 34770

CR2E040 (7/03)

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. or 617.0505, F.S. 34772

Signature of Registered Agent: Myra LeCaptain
REGISTERED AGENT MUST SIGN
Date: 12/05/03

11. 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: Myra LeCaptain 12/05/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #