


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005737		
1. Entity Name GREATER OSCEOLA UNITED SOCCER CLUB, INC.		

FILED  
05 OCT 12 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>1103 PENN AVE</del> ST CLOUD, FL 34769 US	Mailing Address ★ PO BOX 701776 ST CLOUD, FL 34770
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2. Principal Place of Business 4100 Boggy Creek Rd Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10102005 REIN-NP CR2E099 (6/04)

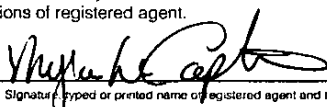
City & State Kissimmee, Fl.	City & State
Zip Country Osceola	Zip Country

4. FEI Number 36-4504237	Applied For Not Applicable
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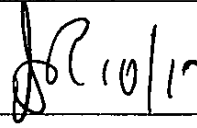
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LECAPTAIN, MYRA 4445 CANOE CREEK RD ST CLOUD, FL 34772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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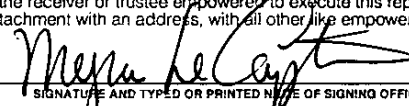
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ARIEL PO BOX 701776 ST CLOUD, FL 34770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060572707 10/13/05--01027--002 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDELL, RYAN PO BOX 701776 SAINT CLOUD, FL 34770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Tom Bell P.O. Box 701776 St. Cloud, FL 34770 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LECAPTAIN, MYRA PO BOX 701776 ST CLOUD, FL 34770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Sharon Johnson P.O. Box 701776 St. Cloud, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LECAPTAIN, MYRA PO BOX 701776 SAINT CLOUD, FL 34770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP Robert Miller P.O. Box 701776 St. Cloud, FL 34770 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_