

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 17 PM 12: 59

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000313

1. Corporation Name

New Tampa Soccer Association, Inc.

2. Principal Office Address

4812 LONDONDERLY DR.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

3. Mailing Office Address

P.O. Box 46875

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

**REINSTATEMENT** 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

2/16/94

**SI**

5. FEI Number

59-3224768

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

MICHAEL J. PEREZ

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

4812 LONDONDERLY DRIVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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

Michael J. Perez

REGISTERED AGENT MUST SIGN

Date

8/15/2001

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
PD	BRAY, CARYN	7203 WAKEHAM DR. TAMPA, FL	TAMPA, FL 33647
SD	MAY, LISETTE	17713 SHANNON OAKS CT.	TAMPA, FL 33647
VD	LUKER, MICHELLE	5004 DAVENSHIRE WAY	TAMPA, FL 33647
TO	PEREZ, MICHAEL	4812 LONDONDERLY DR.	TAMPA, FL 33647

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 under section 119.07(3)(f), 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:

Michael J. Perez (MICHAEL J. PEREZ)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2001 (813) 221-2411  
Date Daytime Phone #

CR2001 (9/00)