PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED Aug 27, 2007 8:00 A.M Secretary of State				
DOCUMENT # N9400001355 1. Corporation Name									Secretary of State			
FERNANDINA BEACH POP WARNER ASSOCIATION INC								7 : 07/10	001064 9/070109/	4178 005	387 **542.50	
	South	PO Box 16016				07/19/0701090005 **542.50 7 8/28/01 REINSTATEMENT 02-07 4. Date Incorporated or Qualified To Do Business in Florida 03-18-1994						
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.										
City & State	IAŅDIN	City & State FERNA	City & State FERNANDINA BEACH< FL				74-3220938 Applied For Not Applicable					
^{z₀} 3203	32034 Country			32034 Country				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent												
ใฟ้ที่liam H. Cole								The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Stract Address (P.O. Bex Number is Not Acceptable) 2222 Highrigger Ct.								the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Suite, Apt. #, Etc.												
FERNANDINA BEACH						FL 32034			100 00	Waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with end accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent												
9. Names	s and Street A	ddresses o	Each Officer and	Vor Director (Flo	rida nonpro	ofit corpo	orations must	list at le	est 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct					City / State / Ztp			
P/D	Williar	n H. (Cole	2222 Highrigger C				FERNANDINA BEACH FL 32034				
T/D	Roy B		474418 State Rd 2				00 FERNANDINA BEACH FL 32034					
S/D	Marsh	all G	ergenti	1506 Coventry Ln					FERNAND	NA BE	ACH FL 32034	
									7 i 08/3:	70106 707000	417: 8001	887 **61.25
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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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been application and the names of legity-duals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature that have the same legal effect as if made under oath.												
SIGNA	TURE:	-	2/1		Ro	y Byr	d		07-	16-2007	(90	4)753-1096
SIGNATURE: Roy Byrd 07-16-2007 (904)753-1096 SIGNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												