

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 # N94000001355

1. Corporation Name

FERNANDINA BEACH POP WARNER ASSOCIATION INC

2. Principal Office Address - No P.O. Box #

309 South 16th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 16016

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH< FL

City & State

FERNANDINA BEACH< FL

Zip

32034

Country

Zip

32034

Country

7. Name and Address of Current Registered Agent

William H. Cole

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

2222 Highrigger Ct.

Suite, Apt. #, Etc.

FERNANDINA BEACH

FL

32034

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**

William H. Cole

REGISTERED AGENT MUST SIGN

Date 07-16-2007

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
P/D	William H. Cole	2222 Highrigger Ct.	FERNANDINA BEACH FL 32034
T/D	Roy Byrd	474418 State Rd 200	FERNANDINA BEACH FL 32034
S/D	Marshall Gergenti	1506 Coventry Ln	FERNANDINA BEACH FL 32034

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Byrd

07-16-2007

Date

(904)753-1096

Daytime Phone #