

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001606

1. Corporation Name

MELROSE YOUTH SPORTS ASSOCIATION, INC

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

743 STATE ROAD 26

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1894

Suite, Apt. #, etc.

City & State

MELROSE FLORIDA

City & State

MELROSE FLORIDA

Zip

32666

Country

USA

Zip

32666

Country

USA

7. Name and Address of Current Registered Agent

Name

SALLY YARBROUGH

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

743 SR 26

Suite, Apt. #, Etc

City

MELROSE

State

FL

Zip Code

32666

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

Sally Yarbrough Sally Yarbrough
REGISTERED AGENT MUST SIGN

Date 02-08-2010

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
PRESIDENT	Sally Yarbrough	743 SR 26	MELROSE FLORIDA 32666
VICEPRESIDENT	CLAIRE ELLIOTT	246MELROSE LANDING BOULEVARD	HAWTHORNE FLORIDA 32640
TREASURER	LAUREN ALSOBROOK	PO BOX 1063	MELROSE FLORIDA 32666

10. E-mail Address: sysally@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Sally Yarbrough Sally Yarbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2010 475-1884
Date Daytime Phone #

FILED

10 FEB 19 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-10

900170052179
02/22/10--01005--007 **726.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 03/31/1994

5. FET Number 593238900 Applied For
Not Applicable

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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

cc 2/22