

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 NOV 15 AM 7:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # NO4000002905 1. Corporation Name CALLAHAN Soccer Club Incorporated <div style="text-align: right; font-size: 1.2em;">NOV-228004</div>					
Principal Place of Business 3900 HELLER RD CALLAHAN FL 32011		Mailing Address 3900 HELLER RD. CALLAHAN FL 32011			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 3900 HELLER Rd.		3. New Mailing Address, If Applicable 3900 HELLER Rd		4. Date Incorporated or Qualified To Do Business in Florida June 13, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 593254477	
City & State CALLAHAN FL.		City & State CALLAHAN FL.		Applied For <input type="checkbox"/>	
Zip 32011		Zip 32011		Not Applicable <input type="checkbox"/>	
Country USA		Country USA		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
	P/D Allen Davies	Rt 4 box 496 Doerbusch	CALLAHAN FL 32011		
	V/D Randy Maddox	RT 5 Box 3290	CALLAHAN FL 32011		
	S Jennifer Hale	3760 Caties	CALLAHAN FL 32011		
	T/D Kimberly Moser	3900 HELLER Rd	CALLAHAN FL 32011		
<div style="font-size: 1.5em; font-weight: bold; display: inline-block;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; display: inline-block; margin-left: 10px;">95-916</div>					
8. Name and Address of Current Registered Agent JILL McCann Rt 4 Box 437 CALLAHAN FL 32011			9. Name and Address of New Registered Agent Name Kimberly Moser Street Address (P.O. Box Number is Not Acceptable) 3900 HELLER RD Suite, Apt. #, Etc. City CALLAHAN State FL Zip Code 32011		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Kimberly Moser REGISTERED AGENT MUST SIGN			Date 10-21-96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Kimberly D. Moser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10-21-96 Daytime Phone # 904-348-5074		