

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV 26 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004825

1. Corporation Name

SOUTHEAST YOUTH ATHLETIC ASSOCIATION, INC. (SEYA  
A)

Principal Place of Business

200 SOUTH PARK RD  
SUITE 340  
HOLLYWOOD FL 33021  
US

Mailing Address

1011 IVES DAIRY ROAD  
SUITE 107  
MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1994

5. FEI Number

65-0698466

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KING, JOHN E	2220 NW 91ST TERRACE 2750 N 29th Ave	HOLLYWOOD FL 33024-33020
D	KING, REBA	2220 NW 91ST TERRACE 2750 N 29th Ave	HOLLYWOOD FL 33024-33020
D	HOWELL, PAUL	3215 SW 52ND AVE, #79 2750 N 29th Ave	PEMBROKE PINES FL 33023-33020

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8. Name and Address of Current Registered Agent

KING, JOHN E  
2220 NW 91ST TERRACE  
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/9-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

Date

10/18/01

Daytime Phone #

305-690-9797