

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:39

DOCUMENT # N 94000005438

1. Corporation Name

FORT WALTON BEACH YOUTH SPORTS ASSOCIATION INC.
SEABREEZE YOUTH SPORTS ASSOCIATION

2. Principal Office Address

P.O. BOX 967 32549-0967
FORT WALTON BEACH FLA.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 967 43549
FORT WALTON BEACH FLA.
Suite, Apt. #, etc.

City & State

FWB, FLA

City & State

FWB, FLA.

Zip

32549

Country

OKALOOSA

Zip

32549

Country

OKALOOSA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida 11/1/94

SP

5. FEI Number

59-3295572

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEWIS DAVID L.

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

212 OAK ST. S.E.

Suite, Apt. #, Etc.

FT. WALTON BEACH, FLORIDA 32548

City

FT WALTON BEACH, FLORIDA

State

FL

Zip Code

32548

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

David L. Lewis

REGISTERED AGENT MUST SIGN

Date 5-5-01

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
PD.V, T.S	DAVID L. LEWIS	212 OAK ST. S.E.	FT. WALTON BEACH, FLA 32548
D	RAYMOND D. LEWIS	100 ELM AVE.	FWB, FL. 32548
D	MARTIN L. LEWIS	100 ELM AVE.	FWB, FL 32548
D	TIMOTHY D. LEWIS	100 ELM AVE	FWB, FL. 32548
D	JOE BUFFALINO	209 W. MIRACLE STRIP PKY B. 102	FWB, FL. 32548
D	CORY SCHARMEN	110 OPP BLVD	FWB, FL 32548

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 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:

David L. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850 244 1865

Daytime Phone #

CR2E081 (9/00)