

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED:

01 APR 13 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000437

1. Corporation Name

West Coast Youth Football Conference, Inc.

2. Principal Office Address

11500 Summit West Blvd

Suite, Apt., etc.

#32-C

City & State

Temple Terrace, FL

Zip

33617

Country

USA

3. Mailing Office Address

11500 Summit West Blvd

Suite, Apt., etc.

#32-C

City & State

Temple Terrace, FL 3

Zip

33617

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/27/95

SP

5. FEI Number

593354624

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

Kenneth G. Wing, Esquire

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

11500 Summit West Blvd

Suite, Apt. #, Etc.

32C

City

Temple Terrace

State
FL

Zip Code

33617

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

Kenneth G. Wing
REGISTERED AGENT MUST SIGN

Date 4/2/01

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
P/D	Kenneth G. Wing, Esquire	11500 Summit West Blvd 32C	Temple Terrace, FL 33617
T/D	Kenny Davis	1210 Tulipwood Drive	Seffner, FL 33584
D	Tim Sibson	4502 Cabbage Palm Drive	Valrico, FL 33511
D	Steve Chambers	4890 W. Kennedy Blvd #440	Tampa, FL 33609

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:

Kenneth G. Wing
President

4/2/01

813-558-5517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)