

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:19

DOCUMENT # N95000001941

**1. Corporation Name**

NORTH OSCEOLA YOUTH SPORTS ASSOCIATION INC.

**2. Principal Office Address**

P.O. BOX 452906

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

USA

**3. Mailing Office Address**

P.O. BOX 452906

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

USA

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

**5. FEI Number**

59-3222007

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

SCOTT L. MASON SR.

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

1556 CYPRESS WOODS CIRCLE

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34772

**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

Scott L. Mason SR

REGISTERED AGENT MUST SIGN

Date 04/27/03

**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	SCOTT L. MASON SR	1556 CYPRESS WOODS CIRCLE	ST. CLOUD, FL 34772
V	JOHN FORD	2256 STONEHEDGE LOOP	KISSIMMEE, FL 34743
C	NATHAN HICKS	2420 DERRA COURT	KISSIMMEE, FL 34744
T	MARTI MASON	1556 CYPRESS WOODS CIRCLE	ST. CLOUD, FL 34772
S	LISA PEREZ	196 TULIP WAY	KISSIMMEE, FL 34743

**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:**

Scott L. Mason SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/03 (407) 842-0176

Date

Daytime Phone #

CR2E081 (10/02)

5/20/03

2/2

To Whom It May Concern:

Attached is a copy of the e-mail that my Commissioner, Nathan Hicks had sent to your office. It verifies that North Osceola Youth Sports Association Inc. did send in the yearly fee for \$61.25 and the appropriate information to keep our non-profit status active and that the check was cashed. We did not have control of our post office box being closed and a new one being given to us. I believe that this was the cause of the problem. We never received a June reject letter and therefore thought everything was taken care of. In fact there were other mail items we never received from prior sponsors of our league.

I was not the President of the league last year and I'm trying to get everything in order. I've completed a reinstatement form and have enclosed a check for \$61.25 as per the instructions of Sean Toner.

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I respectfully request that the reinstatement fee be waived given the circumstances that occurred with the closing of the post office box.

Thank you for you consideration

Sincerely;

 Scott L. Mason Sr.

Scott L. Mason Sr. President

E-Mail address [smason@kissimmee.org](mailto:smason@kissimmee.org).

Home phone (407)891-9582

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