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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -6 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002965

**1.** Corporation Name

Greater Arlington Soccer Club, Inc.

REINSTATEMENT 04-05

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 11751 McCormick Rd. | 6725 Buttontree Ln |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, FL | City & State: Jacksonville, FL |
| Zip: 32225 Country: USA | Zip: 32277 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 6-21-1995

**5.** FEI Number: 593326220 ☐ 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: William Doyle

Street Address (P.O. Box Number is Not Acceptable): 2002 Southside Boulevard

Suite, Apt. #, Etc.: Suite 201

City: Jacksonville State: FL Zip Code: 32216

**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: William E. Doyle — REGISTERED AGENT MUST SIGN — Date: 3/14/05

CR2E061 (01/05)

**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 | John Bernard | 6725 Buttontree Lane | Jacksonville, FL 32277 |
| V | Barbara Sparks | 14750 Beach Blvd. #66 | Jacksonville, FL 32250 |
| T | Karen Neumann | 1146 Weyburn Way | Jacksonville, FL 32225 |
| | | | |
| | | | |
| | | | |

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**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: Karen L. Neumann | Karen L. Neumann — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-15-05 — Daytime Phone #: 904-220-0589

3-15-05

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To: Florida Department of State
Division of Corporations

To: Whom it May Concern:

We are requesting that you wave our reinstatement fee for 2004, a fee of $ 175.00. We have included the Annual Report Fee of $ 61.25.

Our request is being asked because our President, John Bernard, said that a form or notice was never sent to the mailing office, which is his home address. When we received a postcard stating "Notice of Dissolution or Revocation effective September 17, 2004, it was sometime at the beginning of October. As the treasurer, I gave this postcard to our C.P.A., Stephen Flott. He finished our form 990 at the end of February and gave me the postcard back and explained to me what to do.

As a Non-Profit Organization, we request that our corporation be reinstated. Thank you. Please feel free to contact me at 904-220-0589.

Sincerely,
Karen L. Neumann
Karen L. Neumann