2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# N95000003731

Entity Name: ALTAMONTE YOUTH SPORTS, INCORPORATED

Current Principal Place of Business:

230 CROWN OAK CENTRE DR
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

230 CROWN OAK CENTRE DR
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3264659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, DAVID W
230 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PHILLIPS, DAVID W
Address: 130 PRIMROSE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: PHILLIPS, WANDA P
Address: 130 PRIMROSE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: POOLE, MICHAEL
Address: 482 SABAL TRAIL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: HIGDON, LINDA
Address: 1259 FOREST LAKE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W PHILLIPS PRES 10/20/2004

Electronic Signature of Signing Officer or Director — Date