

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003731

1. Corporation Name

ALTAMONTE YOUTH SPORTS, INC

2. Principal Office Address

230 Crown Oak Centre Dr

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

Seminole

3. Mailing Office Address

230 Crown Oak Centre Dr

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

Seminole

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug 4 1995

5. FEI Number

59-3264659

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 David W. Phillips

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

230 Crown Oak Centre Dr

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Date 9/29/03

REGISTERED AGENT MUST SIGN

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
Dir/Pres	David W. Phillips	130 Primrose Dr.	Longwood, FL 32779
Dir	Wanda P. Phillips	130 Primrose Dr	Longwood, FL 32779
Dir	Michael Poole	482 Sabal Trail Cir	Longwood, FL 32779
Dir	Linda Higdon	1259 Forest Lake Dr	Altamonte Springs, FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

Date

407-332-7754

Daytime Phone #

CR2E081 (10/02)

2110/12