

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 20 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 95000003993

1. Corporation Name

Brooksville United Soccer Assn.

2. Principal Office Address

720 Ponce De Leon Blvd.

Suite, Apt. #, etc.

City & State

Brooksville, FL.

Zip

34601

Country

U.S.A.

3. Mailing Office Address

P.O. Box 96

Suite, Apt. #, etc.

Brooksville,

City & State

FL.

Zip

34601

Country

U.S.A.

REINSTATEMENT

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

8-21-95

5. FEI Number

59-3324382

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

Cheryl Nichols

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

720 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

Cheryl Nichols

REGISTERED AGENT MUST SIGN

Date 10-2-00

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
President	Rick Singer	19245 Cortez Blvd.	Brooksville, FL 34601
Vice President	Mark Weaver	24470 Lanark Rd.	Brooksville, FL 34601
Treasurer	Brian Nelson	3287 Rackley Rd.	Brooksville, FL 34601
Secretary	Cheryl Nichols	1014 Whiteway Dr.	Brooksville, FL 34601
Registrar	Christie Williams	34 Oak St.	Brooksville, FL 34601
Director	Ronald C. DiNunzio	9489 Wallien Dr.	Brooksville, FL 34601

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)(l), 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

10-2-00

Date

352-544-0778

Daytime Phone #

KE