

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004647

1. Corporation Name

CLERMONT-MINNEOLA YOUTH FOOTBALL, INC.

Principal Place of Business

15644 Kensington Tr.
CLERMONT FL 34711

Mailing Address

P.O. Box 700
CLERMONT FL 34712-1601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15644 Kensington Tr.

Suite, Apt. #, etc.

CLERMONT, FLA

City & State

Zip 34711

Country USA

3. New Mailing Office Address, If Applicable

P.O. Box 121601

Suite, Apt. #, etc.

CLERMONT, FLA.

Zip 34712-1601

Country USA

4. Date incorporated or Qualified To Do Business in Florida

09/01/1995

5. FEI Number

59-3342728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.V.P.	RUTLEDGE, BILL Fred Merrott	13509 OAK KNOLL RD. 15834 Charter Oaks Trk	CLERMONT FL 34711
P.P.	JOHN, TERRY John Crawford	13632 FIRST AVE. 5644 Kensington Tr	CLERMONT, FLA. 34711
D	WAGNER, MICHAEL Craig Taylor	12804 COUNTY RD. 601 15929 Sausalito Dr.	CLERMONT FL 34711
P.S	TAYLOR, DAVID Tracy Crawford	12804 COUNTY RD. 601 15644 Kensington Tr.	CLERMONT FL 34711
P.T	JENNIFER SANDY WILLIS	12804 COUNTY RD. 601 P.O. Box 121601 NA	CLERMONT FL 34711 34712-1601
D	GEORGE, DAVID Alex Macdonnell	280 EDGEWOOD DR. P.O. Box 700 NA	CLERMONT FL 34711

8. Name and Address of Current Registered Agent

~~TAYLOR, DAVID~~ Alex Macdonnell
12804 COUNTY RD. 601
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name Alex Macdonnell Jr.
Street Address (P.O. Box Number is Not Acceptable)
1120 W. MAGNOLIA
Suite, Apt. #, Etc.
City CLERMONT
State FL Zip Code 34712

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-12-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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)(f), 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:

T. W. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 12, 1997

Date

352-242-0755

Daytime Phone #

FILED

98 FEB 17 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (8/97)