

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004878

1. Corporation Name

PARKLAND SOCCER CLUB, INC.

Principal Place of Business

6336 N.W. 63RD WAY  
PARKLAND FL 33067

Mailing Address

6336 N.W. 63RD WAY  
PARKLAND FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

04 JUL 26 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04



7/23/04 40341 009 \$61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

-10/13/1995

5. FEI Number

65-0358094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GADO, LINDA (D)	6336 N.W. 63RD WAY	PARKLAND FL 33067
VP SD	STERN MIKE LANTIERE, SAL (D)	6040 NW 50 5708 NW 57 MKR	PARKLAND FL 33067
SB	HEAD, LINDA	8180 N.W. 61ST PLACE	CORAL SPRINGS FL 33063
TD	GADO, PETER M (D)	6336 N.W. 63RD WAY	PARKLAND FL 33067
			400038236284 06/24/04--01029--009 **236.25
			400038236284 (1.25) 07/26/04--01054--008 **61.25

8. Name and Address of Current Registered Agent

GADO, PETER M  
6336 N.W. 63RD WAY  
PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/15/04

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-410-5172