

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED

00 FEB 24 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005793

1. Corporation Name

UNITED FOOTBALL LEAGUE, INC.

Principal Place of Business

462 63RD STREET
HOLMES BEACH FL 34217

Mailing Address

462 63RD STREET
HOLMES BEACH FL 34217

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

SP

5. FEI Number

65-0707269

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
VPD	BATTLE, TOMMIE	338 MELODY CT	FT MYERS FL
D	MCDONALD, OZZIE	5387 45TH ST W	W PALM BCH FL
STD	EDWARDS, LEE R	462 63RD STREET	HOLMES BEACH FL 34217
D	BATTLE, TOMMIE	462 63RD STREET	HOLMES BEACH FL 34217
P	Jim Williams	3184 NW 43rd St	Landersdale Lakes FL 33309
			700003161417--8 -03/08/00--01011--011

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Lee R Edwards
Street Address (P.O. Box Number is Not Acceptable) 462 63rd St
Suite, Apt. #, Etc.
City Holmes Beach State FL Zip Code 34217

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

Lee R Edwards
REGISTERED AGENT MUST SIGN

Date 2/7/2000

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

2/7/2000 941-718-9469
Date Daytime Phone #