

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 26 AM 11:29

DOCUMENT # N97000000442

1. Corporation Name

SUNCOAST YOUTH ATHLETIC AND SCHOLARS PROGRAM INC.

Principal Place of Business

12539 BROOKSIDE ST  
SPRING HILL FL 34609  
US

Mailing Address

12539 BROOKSIDE ST  
SPRING HILL FL 34609  
US



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Date Incorporated or Qualified  
To Do Business in Florida

01/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-3429903

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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  | 4 City / State / Zip          |
|------------|--|---|-------------------------------|
| DC         | <del>HENNIGAN, TIMOTHY M</del><br>OWEN, GARY D | <del>18055 HIGGINS ST</del><br>12539 BROOKSIDE ST | SPRING HILL FL 34609          |
| DVC        | HIBBERT, DAVE                                  | 13289 PINELLAS AVE                                | SPRING HILL FL 34609          |
| DS         | OWEN, RUTH                                     | 12539 BROOKSIDE ST                                | SPRING HILL FL 34609          |
| DT         | <del>BRUSCINO, WAYNE</del><br>HENNIGAN, LINDA  | <del>1241 WATER FALL DR</del><br>18055 HIGGINS ST | SPRING HILL FL 34609<br>34609 |
|            |  |   |                               |
|            |  |   |                               |
|            |  |   |                               |

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-11/04/99--01075--019  
\*\*\*245.00 \*\*\*245.00

8. Name and Address of Current Registered Agent

HENNIGAN, TIMOTHY M  
18055 HIGGINS STREET  
SPRING HILL FL 34609

9. Name and Address of New Registered Agent

Name Ruth Owen

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

12539 Brookside St

Suite, Apt. #, Etc.

City Spring Hill

State FL

Zip Code

34609

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

*Ruth Owen*

Date 10/12/99

REGISTERED AGENT MUST SIGN

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:

*Ruth Owen*

Ruth Owen, Secretary 10/12/99

(352)  
797-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD