## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
FOR REINSTATEMENT	
EINSTATEMENT	

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

N97000000442

1. Corporation Name

**DOCUMENT #** 

Principal Place of Business

-12539 BROOKSIDE ST-

SPRING HILL FL 34609.

US

## SUNCOAST YOUTH ATHLETIC AND SCHOLARS PROGRAM INC

US

Mailing Address

-12539 BROOKSIDE-ST-

SPRING HILL FL 34609

FILED

02 DEC -6 PM 2:43

TALLAHASSEE, FLORIDA



If above a	ddresses are incorrect in any way, line thro	ough incorrect in	iformation and e	nter correction below.				
2. New Principal Office Address, If Applicable 3. New Mailin 8440 STARDUST WAY 8440			ng Office Addres		Date Incorporated or Qualified     To Do Business in Florida     01/28/1997			
Suite, Apt.	t, etc.	Suite, Apt. #,	etc.	,	5. FEI Number	F0.0400000		Applied For
City & State City & State		KSVILLE, FL			59-3429903		Not Applicable	
346	OKSVILLE, FL Country	Zip 3461	Co	ountry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addit	onal Fee required ficate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit co	rporations must list at lea	ast 3 directors)	,		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
DC	OWEN, GARY D	12530 BROOKSIDE ST- 8440 STAR DUST WAY BROOKS VILLE, FL 34613		CPRING-HILL FL 34609				
DVC	HIBBERT, DAVE	13289 PINELLAS AVE		SPRING HILL FL 34609				
DS OWEN, RUTH		12539 BROOKSIDE ST		BROOKEVILLE, FL 34613				
OWEN, NOTH			8440 STARDUST WAY					
T	SCHONBORN, ELIZABETH			12444 ELGIN BLVD			34609	•
					30 12/06/	000940 02010580	0873 )12 **70,	.00
				10/1	10			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent					
OWEN	, ruth			Name				
42529 BROOKSIDE ST			Street Address (P.O. Box Number is Not Acceptable)  8440 STARDUST WAV					
	9 HILL FL 34809			Suite, Apt. #, Etc				
		-110		BROOKS	VILLE		State Zip C	ode 14613

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:2

## To whom it May Concern:

I am the Secretary of the Suncoast Youth Athletic & Scholar Program, Inc. During the spring and summer we sold our house and moved to a rural address. My home address was the address of record for the corporation. I filed a change of address for my family and the corporation. Unfortunately, the change of address for the corporation was not processed or the carrier was confused and we did not receive any of the corporate correspondence that had to be forwarded. Then I received the notice of dissolution.

The failure to file our paperwork and pay the fee was a mistake. We are a small youth football and cheerleading organization, run totally by volunteers. I have enclosed the reinstatement form and the regular fee. Please consider waving the reinstatement fee. We are very limited in terms of funding and the money would come directly from the funds that we use to benefit the girls and boys ages 5 to 14 that we serve.

Thank you for your consideration.

Ruth Owen

Secretary, SYASP. Inc.