

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 AM 9:41

DOCUMENT # **097006004949**

1. Corporation Name

Hobe Sound Youth Athletic Association

2. Principal Office Address

8997 SE Colony Street

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

USA

3. Mailing Office Address

Post Office Box 1767

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

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-07/13/01--01042--024

****358.75 ****358.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

2 Sept. - 1997--

5. FEI Number

65-0771578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angela Buschini

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

8997 SE Colony Street

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Angela Buschini

REGISTERED AGENT MUST SIGN

Date 15 May 2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Aron Dames	6322 SE Sherwood St. Hobe Sound, FL 33455	Hobe Sound, FL 33455
VP	Matt Murphy	8313 SE Cumberland Cir.	Hobe Sound, FL 33455
TD	Lori Just	8231 SE Royal Street	Hobe Sound, FL 33455
S			
D	Angela Buschini	8997 SE Colony Street	Hobe Sound, FL 33455
D	Phil Barnes	8253 SE Cumberland Cir.	Hobe Sound, FL 33455

10. 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

Date

Daytime Phone #

5-25-01

CR2E081 (9/99)