

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P1002

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

DOCUMENT # N97000004949

1. Corporation Name

HOBE SOUND YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

8997 SE COLONY STREET
HOBE SOUND FL 33455

Mailing Address

8997 SE COLONY STREET
HOBE SOUND FL 33455



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

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0771578

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33475

Martin

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
P	DAMES, ARON <i>Michelle Bradford</i>	8922 SE SHERWOOD STREET <i>11531 SE. Doherty Street</i>	HOBE SOUND FL 33455 <i>TEQUESTA, FL 33469</i>
V	MURPHY, MATT <i>Jerry Deluca</i>	8913 SE CUMBERLAND CIRCLE <i>9351 DUNCAN ST.</i>	HOBE SOUND FL 33455
JD S	JUST, LORI <i>Kelly Parish</i>	8231 SE ROYAL STREET <i>9905 SE. mahogany way</i>	HOBE SOUND FL 33455 <i>TEQUESTA, FL 33469</i>
D +	BUSCHINI, ANGELA <i>Richard Terrett</i>	8997 SE COLONY STREET <i>8644 Fairwinds Way</i>	HOBE SOUND FL 33455
D	BARNES, PHIL <i>Will Louder</i>	8253 SE CUMBERLAND CIRCLE <i>7702 S.E. MAMMOTH DR</i>	HOBE SOUND FL 33455
D	WHITEFORD, PAUL <i>Eilee Taylor</i>	P.O. BOX 1201 N/A <i>6309 SE PONDICIANA LN.</i>	HOBE SOUND FL 33455

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BUSCHINI, ANGELA~~
~~8997 SE COLONY STREET~~
~~HOBE SOUND FL 33455~~

Name *Michelle Bradford*
Street Address (P.O. Box Number is Not Acceptable)
11531 SE. Doherty Street
Suite, Apt. #, Etc.
City *Tequesta* State *FL* Zip Code *33469*

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

500009322645
12/03/02--01068--002 **\$1.25

Date

11/20/02

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

Richard Terrett Date *11/20/02* Daytime Phone # *317467506*

CR2ED040 (9/02)

pg 2 of 2

Nov 27, 2002

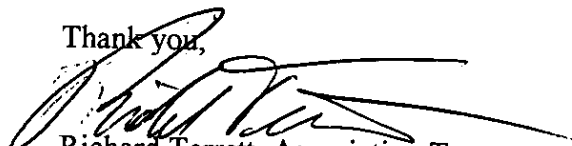
Florida Department of State

Dear Sirs,

Enclosed please find the Application for Reinstatement for the Hobe Sound Youth Athletic Association Inc.: We did not receive the application until this month as it was sent to the previous Registered Agent and was not forwarded to the current board.

Please accept the application with the noted changes.

Thank you,



Richard Terrett, Association Treasurer