

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N98000001615

**1. Corporation Name**

St. Cloud Soccer Club, Inc.

**2. Principal Office Address**

602 David Dr.

Suite, Apt. #, etc.

**City & State**

St. Cloud, FL

**Zip**

34769

**Country**

U.S.A.

**3. Mailing Office Address**

P.O. Box 701835

Suite, Apt. #, etc.

**City & State**

St. Cloud, FL

**Zip**

34770

**Country**

U.S.A.

900067458239  
03/09/06--01020--024 \*\*481.25  
CR2E081 (8/05)

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

3/19/1998

**5. FEI Number**

593514436

**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**

Dona M. Spry

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

602 David Dr.

**Suite, Apt. #, Etc.**

**City**

ST. Cloud

**State**

FL

**Zip Code**

34769

**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**

*Dona M. Spry*

REGISTERED AGENT MUST SIGN

**Date** 2/17/06

**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
PD	Dona M. Spry	602 David Dr.	St. Cloud, FL 34769
VPD	Pamela Q. Dodge	10404 Oak Shore Dr. <del>602 David Dr.</del>	St. Cloud FL 34771
VPD	Mario Izquierdo	2314 Giselle Ct.	St. Cloud, FL 34772
TD	Kelly G. Lockwood	2245 Emperor Dr.	Kissimmee, FL 34744
SD	Susan M. Dickson <del>M. Kathi Coughenour</del>	1044 Shawonda Ln. <del>3204 Bay View Ct.</del>	Kissimmee 34744 <del>St. Cloud, FL 34772</del>
RD	Teresa Haupt	4101 Natchez Trace	St. Cloud, FL 34769

**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

2/17/06 407-709-2807

Date

Daytime Phone #