

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:03
03 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004098

1. Corporation Name

NATIONAL YOUTH FOOTBALL LEAGUE, INC.

REINSTATEMENT 99-03

2. Principal Office Address

1180 NW 184 WAY

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

3. Mailing Office Address

P O BOX 694163

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33269

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1998

5. FEI Number

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

RICK DOSSIE

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

1180 NW 184 WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33029

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

Rick Dossie

REGISTERED AGENT MUST SIGN

Date 5-6-03

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
DP	RICK DOSSIE	1180 NW 184 WAY	PEMBROKE PINES, FL 33029
DV	DOUGLAS, DWAIN	3200 NW 151 TERR	MIAMI, FL 33054
DV	ALLEN, EDDY	13641 SW 21 ST	MIRAMAR, FL 33027
DST	MICHELLE MCKNIGHT	P O BOX 694163	MIAMI, FL 33269

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:

Rick Dossie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-03 (305)409-6641

Daytime Phone #

CR2E081 (10/02)

5/20