

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 PM 2:04

DOCUMENT # **NA9000003700**

1. Corporation Name

EMERALD COAST YOUTH SPORTS ASSOCIATION

2. Principal Office Address

921 East Jackson Street

Suite, Apt. #, etc.

n/a

City & State

Pensacola, Florida

Zip

32501

Country

Santa Rosa

3. Mailing Office Address

P.O. Box 1504

Suite, Apt. #, etc.

n/a

City & State

Gulf Breeze, Florida

Zip

32562

Country

Santa Rosa

REINSTATEMENT **05**
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

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

Douglas D. Baldwin

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

921 East Jackson Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

Douglas D. Baldwin
REGISTERED AGENT MUST SIGN

Date

12/07/2005

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
Pres	Douglas Baldwin	921 East Jackson Street	Pensacola, Florida 32501
VP	Lumon May	1500 North Q Street	Pensacola, Florida 32504
SEC	Mattie Spencer	921 East Jackson Street	Pensacola, Florida 32501

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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:

Douglas D. Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/07/2005

Daytime Phone #

850 436-5428