PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

- DIVISION OF CORPORATIONS

DOCUMENT#

N99000004715

1. Corporation Name

MID-FLORIDA YOUTH FOOTBALL CONFERENCE, INCORPOR

Principal Place of Business

1103 NORTH 21ST STREET

Mailing Address

1103 NORTH 21ST STREET

FILED 02 APR 29 PM 2: 56 SECRETARY OF STATE TALLAHASSEE, FLORDA



HAINES CITY FL 33844	HAINES CITY FL 33844	HAINES CITY FL 33844						
If above addresses are incorrect in any way, line	e through incorrect information and ent	er correction below			í	00-01		
2. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				08/0	02/1999		
City & State	City & State	·	5 FEI Number	· -	÷	Applied For -		
Zip Country			6.			Not Applicable		
Country	Zip Cour	ntry	CERTIFICATE	OF STATUS DESIRED		Additional Fee required a Certificate of Status		
7. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corpo	orations must list at leas	t 3 directors)					
Title(s) Name of Officers and/or Directors	1	Street Address of Each Officer and/or Director		4	City / State	r / Zip		
Projector Horace Wes	c.L 1103 No.	rth 21st 5	Street	Haines	C. F	FL 33844		
Pirector)	oc Hounes	City, FC	<i>33844</i>	7.007,00	ay	766 3399		
Secretary Teresa Bea	sley 404 84	st N.	j	Dundee ,	K	33881		
requirer Gretchen Will	Yerson 4226 St	odow Wood K	Pun SW	Winter F	toven	, FL 3388D		
73			70))00055 -05/17/1	561 201	271		
			2/3	2 ***367	'.50 ·	****367.50		
D=Director	re weta	TENENT.	0					
8. Name and Address of Curre	nt Registered Agent		9. Name and A	ddress of New Regi	stered Age	ent		
المراجع والمراجع والم	Name							
WEST, HORACE	Street Address (P.O. Box Number is Not Acceptable)							
1103_NORTH_21ST_STREET		obeci Addiesa (F.C. box Nambel is Not Acceptable)						
HAINES CITY FL 33844		Suite, Apt. #, Etc.						
		City		" •• <u></u>	State Z	Zip Code		
10. I, being appointed the registered agent of the	above named corporation, am familiar	with and accept the oblig	gations of Section	n 607.0505, F.S.	<u>. • • </u>			
Signature of Registered Agent	-m			Date /0/	30/	01		
	REGISTERED AGENT MUST SIGN							

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 filling 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