

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 18 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004953**

1. Corporation Name

ASSOCIATION OF CHRISTIAN YOUTH SOCCER, INC.

Principal Place of Business

Mailing Address

1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32714



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

08/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CAENERS, KENNETH	1191 LEATHERWOOD DRIVE	ALTAMONTE SPRINGS FL 32714
TD	BLAKEMORE, TIMOTHY E	4910 N.W. 40TH TERRACE	GAINESVILLE FL 32606
SD	CAENERS, BETTE-SUE	1191 LEATHERWOOD DRIVE	ALTAMONTE SPRINGS FL 32714

9000009154639
11/21/02--01039--004 **175.00
9000009154639
12/18/02--01037--008 **61.25

8. Name and Address of Current Registered Agent

CAENERS, KENNETH F
1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

11/18/2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/2002

Daytime Phone #

CR2E040 (8/02)