

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 10:19
400012963714
02/21/03--0107--006 ***367.50
TALLAHASSEE, FLORIDA

400012963714
02/21/03--0107--006 ***192.50

DOCUMENT # N99000005956

1. Corporation Name

Homestead Soccer Club Inc.

2. Principal Office Address

16820 SW 278 ST

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33021

Country

3. Mailing Office Address

16820 SW 278 ST

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33031

Country

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

10/06/99

5. FEI Number

APPLIED FOR

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

Thomas Agraite

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

16820 SW 278 ST

Suite, Apt. #, Etc.

City

Homestead FL

State
FL

Zip Code

33031

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**

Thomas Agraite

REGISTERED AGENT MUST SIGN

Date

2/4/03

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
Dir	Thomas Agraite	16820 SW 278 ST	Homestead FL 33031
A. Dir	Scott Paul	3741 Flagler Ave.	Vero Beach FL 33040
A. Dir	Berry Tierney	14 Martin Ave	Vero Beach FL 33037

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:

Thomas Agraite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

(305) 216-4532

Daytime Phone #

CR20001 (9/00)



February 18, 2003

Justin
Document Specialist
Florida Department of State

Subject: Homestead Soccer Club, Inc.
Ref. Number: N99000005956

I would like to thank you, for the support and guidance you provided in our telephone conversation. As discussed, We have never received any renewal notification from the state or anyone. Personally I believe it has something to do with the fact that originally the Homestead Soccer Club was inadvertently established as a **For Profit** corporation and when we noticed the mistake we reincorporated as a **Not for Profit** then dissolved the **For Profit** corporation. There for the notices are not being sent.

Nevertheless, I hope you now have everything that is needed in order to proceed.

Enclosed, is the completed document you provided along with two checks for the following;

1st check \$ 183.75 plus the \$ 8.75 if the state waves the late fees and the request for certificate of status.

2nd check \$ 358.75 plus \$ 8.75 if the state does not wave the late fees and the request for the certificate of status.

Please return the unused check which ever it may be.

Should you have any questions please feel free to call me. Otherwise, May God bless you and yours.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tony Agrait', is written over the typed name.

Tony Agrait
Homestead Soccer Club
16820 S.W. 278 St.
Homestead Florida, 33031
Office: (305) 216-4532
Fax: (305) 245-3309