

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00008050671**

1. Corporation Name

Central Florida Soccer Academy, Inc.
PO BOX 780277
Orlando, FL 32878

300075286953
05/25/06--01044--015 **1058.75

2. Principal Office Address

2850 Buccaneer Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 780277
Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Orlando, FL

Zip

32792

Country

USA

Zip

32878

Country

USA

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

5/18/2000

5. FEI Number

59-3649925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Amanda Cromwell

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

2850 Buccaneer Dr. #1

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/9/06

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
D	Amanda Cromwell	2850 Buccaneer Court Winter Park FL	Winter Park, FL 32792

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 contained in Chapter 119, 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

5/9/06

Date

407-823-6345

Daytime Phone #