

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA5000075975** REINSTATEMENT (CORP)

1. Corporation Name

**BRUSA INTERNATIONAL SOCCER
Institute**

2. Principal Office Address

7041 GRAND NATIONAL DR.

Suite, Apt. #, etc.

234

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

7041 GRAND NATIONAL DR.

Suite, Apt. #, etc.

234

City & State

ORLANDO, FL

Zip

32819

Country

USA

FILED

01 OCT 15 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

59-3338124

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

JOSE THADEU GONCALVES

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

7041 GRAND NATIONAL DR.

Suite, Apt. #, Etc.

234

City

ORLANDO

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date **10-09-01**

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
PRESIDENT	JOSE THADEU GONCALVES	1140 FINCH DR.	GULF BREEZE, FL 32561
TREASURER	SHUCK SMILING		
V.P.	KEITH KERRILL		
V.P.	TURNER DEAN		

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:

JOSE THADEU GONCALVES

10-09-01

850-9163222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



BRUSA International Soccer Institute
Building the New Soccer Generation.

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DEAR SIR OR MADAM.

Thank you for your care and
attention. our company will be
moving to Orlando, Florida on
October 22nd, 2001.

NEW ADDRESS:

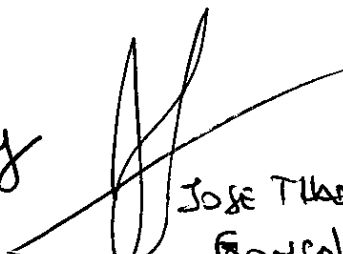
BRUSA INTERNATIONAL SOCCER INSTITUTE.
7041 GRAND NATIONAL DR, SUITE 234.

Orlando, FL 32819

P.O. BOX 691732, Orlando, FL 32869-1732.

Thank you

Sincerely


JOSE THADEU
GONCALVES