

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 DEC 30 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000053139**

1. Corporation Name

FLORIDA SOCCER, INC.

\$150.00

Principal Place of Business

6600 PENSACOLA BLVD SUITE 1
PENSACOLA FL 32505

Mailing Address

6600 PENSACOLA BLVD SUITE 1
PENSACOLA FL 32505

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

06/17/1997

Suite, Apt. #, etc.

4560 FRANCISCO RD

Suite, Apt. #, etc.

4560 FRANCISCO RD

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

Zip

32504

Country

U.S.

Zip

32504

Country

U.S.

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	MAYS, STRICKER	6600 PENSACOLA BLVD SUITE 1 4560 FRANCISCO RD	PENSACOLA FL 32505 32504
VPD	POWERS, ROLAND	6600 PENSACOLA BLVD SUITE 1 2005 SALT MYRTLE LANE	PENSACOLA FL 32505 ORANGE PARK, FL 32073
TD	MATTESON, JIM	6600 PENSACOLA BLVD SUITE 1	PENSACOLA FL 32505
D	TOLLEY, BRAD	6600 PENSACOLA BLVD SUITE 1	PENSACOLA FL 32505
			3000003099853-5 -01/14/00--01106--001 ****150.00 ****150.00 SP

8. Name and Address of Current Registered Agent

POSNER, MICHAEL J
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

STRICKER MAYS

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

4560 FRANCISCO RD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/20/99

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

STRICKER C. MAYS

12/20/99

850-433-0701

Date

Daytime Phone #

CR2E040 (8/99)