

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
00 DEC 18 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005956**

1. Corporation Name

**HOMESTEAD SOCCER CLUB, INC.**

Principal Place of Business

Mailing Address

16820 SW 278TH ST  
HOMESTEAD FL 33031

16820 SW 278TH ST  
HOMESTEAD FL 33031



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

10/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
Dir	Thomas Agrait	16820 SW 278 St	Homestead FL 33031
Dir	Pamela S Agrait	16820 SW 278 St	Homestead FL 33031
Dir	Diamaris Kendall	1626 South Goldeneye Ln	Homestead FL 33038
			600003856476--5 -03/16/01--01094--020 *****236.00 *****236.00

**REINSTATEMENT 2000**  
*[Signature]*

8. Name and Address of Current Registered Agent

AGRAIT, THOMAS  
16820 SW 278TH ST  
HOMESTEAD FL 33031

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.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/16/00

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)(l), 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

Thomas Agrait

Date 10/16/00 (305) 944-9101  
Daytime Phone # 26119

CR2E040 (8/00)