

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008889**

1. Corporation Name
PABLO CREEK POP WARNER FOOTBALL ASSOCIATION INC

Principal Place of Business Mailing Address
 5023 DIXIE LANDING DR JACKSONVILLE FL 32224
 14444 Beach Blvd Suite 18 Box 247 Jacksonville FL 32250
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2002

2. New Principal Office Address, If Applicable
 14444 Beach Blvd Suite 18 Box 247 Jacksonville FL 32250 USA
 3. New Mailing Office Address, If Applicable
 14444 Beach Blvd Suite 18 Box 247 Jacksonville FL 32250 USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/2001
 5. FBI Number: 01-0553066
 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DIXON, OLIVER L	5023 DIXIE LANDING DR	JACKSONVILLE FL 32224
DV	CARNEY, TIM CARNEY, TIM	3726 W PLANTERS CREEK CR	JACKSONVILLE FL 32224
DV/T	MCMAHAN, BILL DVT	2337 W COUINGTON CREEK DR	JACKSONVILLE FL 32224
DV	MCMAHAN, LIZ	2337 W COUINGTON CREEK DR	JACKSONVILLE FL 32224
DV	SOLOMAN, BOB	202 PABLO RD	PORT VEDRA FL 32082
DV S	MASTRONICOLA, ART (Delete) DIXON Edie (ADD)	12626 WILLOUGHBY LN 5023 Dixie Landing Dr	JACKSONVILLE FL 32225 Jacksonville FL 32224

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DIXON, OLIVER L 5023 DIXIE LANDING DR JACKSONVILLE FL 32224		Name Street Address (P.O. Box Number is Not Acceptable) 000008536290 Suite, Apt. #, Etc. 10/25/02--01081--002 **236.25 City State Zip Code FL	

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date: 10-22-02

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 DIXON Date: 10-22-02 Daytime Phone #: 904-237-1922

CR2E040 (8/02)