

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN 26 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **707680**

1. Corporation Name

Lantana Athletic Assoc. Inc.

2. Principal Office Address

1251 Lantana Rd.

3. Mailing Office Address

P.O. Box 3166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, FL

City & State

Lantana, FL

Zip

33462

Country

U.S.A.

Zip

33462

Country

U.S.A.

REINSTATEMENT

9400

4. Date Incorporated or Qualified To Do Business in Florida

3/19/58

5. FEI Number

59-2226451

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

Louise Stehman

~~800003329088-5~~

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

6031 Pine Drive

~~07/20/00 01005-03~~

~~***612.50 ***612.50~~

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

Louise Stehman

REGISTERED AGENT MUST SIGN

Date *6/24/00*

KE

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
<i>PXD</i>	<i>Dennis Throm</i>	<i>5953 Strawberry Lakes Circle</i>	<i>Lake Worth, FL 33463</i>
<i>V.P./D</i>	<i>Brian Burke</i>	<i>79 Maple Lane</i>	<i>Boynton Beach, FL 33436</i>
<i>T/D</i>	<i>Louise Stehman</i>	<i>6031 Pine Drive</i>	<i>Lantana, FL 33462</i>

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:

Louise Stehman

Louise Stehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/00

Date

561-533-5453

Daytime Phone #

CR2E061 (9/99)