

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

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

FILED

DOCUMENT # 707680

03 APR 15 AM 8:32

1. Corporation Name

LANTANA ATHLETIC ASSOCIATION INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1251 LANTANA RD.
LANTANA FL 33462

P.O. BOX 3166
LANTANA FL 33462



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

5/22/02 90233 026-61-25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2226451

Applied For

City & State

City & State

Not A

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee re
for a Certificate of Sta

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
P/D	THROM, DENNIS	5053 STRAWBERRY LAKES CIRCLE	LAKE WORTH FL 33463 <i>Remove</i>
VP/D P/D	GONZALEZ, CARLOS	5048 LANTANA RD APT 50205	LAKE WORTH FL 33463
TD	DANCER, LORI	1231 LAGOSTA CIRCLE	LANTANA FL 33462 <i>Remove</i>
VP/D	Gregory WALSH	1836 Finn Hill Dr.	Boynton Beach, FL 33426
T/O	Jeanette Wright	4576 Wenhart Rd	Lake Worth, FL 33463
			200016059202 04/15/03--01015--004 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DANCER, LORI~~
~~1201 LAGOSTA CIRCLE~~
~~LANTANA FL 33462~~

* Please remove old agent

Name

Jeanette Wright

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

4576 Wenhart Rd.

Suite, Apt. #, Etc.

Lake Worth

City

State

FL

Zip Code

33463

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

Jeanette Wright
REGISTERED AGENT MUST SIGN

Date

4/11/03

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:

Jeanette Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/03

Daytime Phone #

561-393-7992

CR2E040 (8/02)