PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN -6 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04336

1. Corporation Name: BROWARD COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business: 5712 SETON DR. MARGATE, FL 33063

Mailing Address: PO Box 4623 SUNRISE STATION FT. LAUD, FL. 33338-4623

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 7.24.1984

5. FEI Number | 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)

200002210562--9
-06/12697:01107--009
****306.25 ****306.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
PD	LYZAK, RUSSELL	7091 COOLIDGE ST	HOLLYWOOD, FL
VPD	SCONZO, ROBERT	4956 N. HEMMINGWAY CIR	MARGATE, FL
STSD	LYONS BOB	5712 SETON DR.	MARGATE, FL
TREAS	INSKO, RUSSELL	3505 W. ATLANTIC	POMPANO, FL
SEC'Y	ZAK, RICK	649 W. OAKLAND, #108-A	OAKLAND PARK, FL

8. Name and Address of Current Registered Agent

AL DRASON
2081 SO. OCEAN DR. #311
HALLANDALE, FL

9. Name and Address of New Registered Agent

Name: ROBERT SCONZO
Street Address (P.O. Box Number is Not Acceptable): 4956 N. HEMMINGWAY CIR.
Suite, Apt. #, Etc.
City: MARGATE | State: FL | Zip Code: 33063

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] Date: 6.6.97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] V.P. 6.6.97 561-368-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #