

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**96 AIR**  
**REINSTATEMENT**

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

**FILED**  
 96 DEC -2 AM 9:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003985**

1. Corporation Name  
**NORTHERN PALM BEACH COUNTY WRESTLING CLUB, INC.**

Principal Place of Business	Mailing Address
11420 US HIGHWAY ONE SUITE 138 N PALM BEACH FL 33408	11420 US HIGHWAY ONE SUITE 138 N PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable <b>11370 Twelve Oaks Way</b>	3. New Mailing Office Address, If Applicable <b>Same</b>
Suite, Apt. #, etc. <b>#112</b>	Suite, Apt. #, etc.
City & State <b>North Palm Beach</b>	City & State
Zip <b>33408</b>	Country



*filed as AIR  
 Reinstatement fee waived  
 mwb  
 12-2-96*

4. Date Incorporated or Qualified To Do Business in Florida <b>08/27/1993</b>
5. FEI Number <b>65-0437331</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	AZAR, PATTY	11370 TWELVE OAKS WAY, UNIT 112	N PALM BCH FL
<del>TD</del>	<del>MACGREGOR, RICHARD</del>	<del>5799 MARBLEWOOD CT</del>	<del>JUPITER FL</del>
D	COONTZ, MICHAEL D.	11370 TWELVE OAKS WAY 112	N. PALM BEACH FL
TD	Chesnes, Michael	801 Lighthouse	N Palm Bch 33408

8. Name and Address of Current Registered Agent  
**AZAR, PATRICIA F**  
**11420 US HIGHWAY ONE**  
**SUITE 138**  
**N PALM BEACH FL 33408**

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]* REGISTERED AGENT MUST SIGN Date **10/8/96**

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)(f), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/8/96 407620**  
 Date Daytime Phone # **9220**

CP22840 (7/96)