

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:07

DOCUMENT # N97000000414

1. Corporation Name

POLICE ATHLETIC LEAGUE OF DAVIE, INC.

Principal Place of Business

Mailing Address

6901 SOUTHWEST 45TH STREET
DAVIE FL 33314

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DAVIE FL 33314



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		1230 S. Nob Hill Rd.		01/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0716849	
City & State		City & State		Applied For	
Davie, Fl.		Davie, Fl.		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33324	U.S.A.	33324	U.S.A.		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VENIS, HARRY	6591 S.W. 45TH ST.	DAVIE FL 33314
D	MACKIE, JACK P	6901 S.W. 45TH ST	DAVIE FL 33314
D	Spence, Robert L. Jr.	1230 S. Nob Hill Rd.	Davie, Fl. 33324
V	SCHULMAN, CARLA	6901 S.W. 45TH ST	DAVIE FL 33314
V	Mize, Jack	1230 S. Nob Hill Rd.	Davie, Fl. 33324
T	SMITH, RICHARD G	6901 S.W. 45TH ST	DAVIE FL 33314
T	Waldfoegel, Sid	1230 S. Nob Hill Rd.	Davie, Fl. 33324
S	HIXON, DOREEN	6901 S.W. 45TH ST	DAVIE FL 33314
P	Nelson, Ron	1230 S. Nob Hill Rd.	Davie, Fl. 33324
PD	KILLAM, GARY	6901 S.W. 45TH ST	DAVIE FL 33314
D	Paccorino, Pat	1230 S. Nob Hill Rd.	Davie, Fl. 33324

8. Name and Address of Current Registered Agent

VENIS, HARRY
2455 EAST SUNRISE BLVD.
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
City	State Zip
FL	33324

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 10-18-00
REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ROBERT L. SPENCE JR.

10-18-00 (954) 797-2088
Date Daytime Phone #