

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 9:56

DOCUMENT # N94000005543

1. Corporation Name

WESTERN COMMUNITIES FOOTBALL LEAGUE, INC.

SECRETARY OF STATE

700009013587

11/15/02--01012--008 **253.75

700009013587

11/15/02--01012--008 **286.25

008-4500-653-1009068796

DEPOSIT ONLY 258.12

11/15/02--01012--008

2. Principal Office Address

12207 OLD COUNTRY RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State

Zip

33414

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/94

5. FEI Number

65-0525236

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

DAVE ROBINSON

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

12207 OLD COUNTRY ROAD

Suite, Apt. #, Etc.

City

WELLINGTON

State
FL

Zip Code

33414

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

William A. Klein

REGISTERED AGENT MUST SIGN

Date

11/11/02

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
P	DAVE ROBINSON (D)	12207 OLD COUNTRY RD.	WELLINGTON, FL. 33414
V.P.	TONY NELSON (D)	1609 PRIMROSE	WELLINGTON, FL. 33414
S	BLANDA SHARKEY (D)	1155 PINE DR	WELLINGTON, FL. 33414
T	JAMES DAVIS (D)	1373 BURNING COVE	WELLINGTON, FL. 33414
	JOE PICONCELLI (D)	111 SEAFORD DR.	WELLINGTON, FL. 33414

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:

William A. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/02 561/792-5841

Daytime Phone #

CR2E081 (8/01)

212/5