

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jun 28, 2002 8:00 A.M
Secretary of State

DOCUMENT # 70090

1. Corporation Name

**SOUTH WEST BROWARD JUNIOR ATHLETIC
ASSOCIATION**

2. Principal Office Address

6220 SW 33 ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4942

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33023

Country

BROWARD

Zip

33023

Country

BROWARD

4. Date incorporated or Qualified
To Do Business in Florida

10/23/59

5. FEI Number

65-0340805

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

ANN E. LEE

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

2005 SW 99 TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State
FL

Zip Code
33025

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

Date

6/28/02

REGISTERED AGENT MUST SIGN

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
PRES D	ANN E LEE	2005 SW 99 TERR	MIRAMAR FL 33025
V.P.D	JOHN NIGRO	3805 E. SHORE RD	MIRAMAR FL 33023
SecyD	BERT NIGRO	3805 E. SHORE RD	MIRAMAR FL 33023

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:

ANN E. LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/02 954437-9966

Daytime Phone #

CR2E081 (9/01)

4 7/1/02