

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
98 JAN 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 75172 0

1. Corporation Name **Palm Springs North Athletic Association**
17615 N.W. 82 Avenue
Hialeah, FL 33015

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable
PSNAA c/o Victor Berrios
Suite, Apt. #, etc. 16711 N.W. 72 Court
City & State Hialeah, FL
Zip 33015 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **March 1980**

5. FEI Number **59-2090326** 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)

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
P	Jack Mahle (D)	8291 N.W. 170 Terrace	Hialeah, FL 33015
V/D	Nelson Sierra (D)	7230 N. Oakmont Drive	Miami, FL 33015
S	Sharon Zitnick	18130 N.W. 84 Avenue	Hialeah, FL 33015
T/D	Victor M. Berrios (D)	16711 N.W. 72 Court	Hialeah, FL 33015

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****367.50 ****367.50

8. Name and Address of Current Registered Agent

1995
Homer Garza
18827 N.W. 80 Court
Miami, FL 33015

9. Name and Address of New Registered Agent

Name **Victor M. Berrios**
Street Address (P.O. Box Number is Not Acceptable) **16711 N.W. 72 Court**
Suite, Apt. #, Etc.
City **Hialeah** State **FL** Zip Code **33015**

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 **30 JAN DEC 97**

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)(j), 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: **Victor M. Berrios** *[Signature]* 30 DEC 97 Date (305) 237-1016 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (12/96)