

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 30 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

763657

1. Corporation Name

NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION

Principal Place of Business

Mailing Address

REINSTATEMENT 96-97

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
P.O. Box 14682

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

592220973

Applied For

Not Applicable

City & State

City & State

North Palm Beach, Fl.

Zip

Country

Zip

Country

33408

U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JOHNSON, Michael	960 Laurel Road	North Palm Beach, Florida 33408
V/P/D	EISSEY, Mark	725 Lagoon Drive	North Palm Beach, Florida 33408
T/D	MIDDLETON, Lisa	155 Ebbtide Drive	North Palm Beach, Florida 33408
S/D	MIDDLETON, Elwyn	155 Ebbtide Drive	North Palm Beach, Florida 33408

500002336805--8
-11/03/97-01156-004
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ANDRES, THOMAS B., CPA

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

772 U.S. HWY 1

Suite, Apt. #, Etc.

City

North Palm Beach

State

Zip Code

FL

33408

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 **10/27/97**

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)(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

Michael Johnson

10-27-97 435-4537

Date

Daytime Phone #

CR2E046 (12/96)