

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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

1996-97

DOCUMENT # **763657**
 1. Corporation Name
NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION

Principal Place of Business Mailing Address
~~2400 S. Ocean Blvd. Suite 200
 North Palm Beach, Florida 33408~~

REINSTATEMENT 96-97 10/30

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/14/1982	
City & State		City & State		5. FEI Number	
Zip		Zip		592220973	
Country		Country		Applied For	
33408		U.S.A.		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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--01158--004
 ****297.50 ****297.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ELYN MIDDLETON 155 EBBTIDE DRIVE NORTH PALM BEACH, FLORIDA 33408		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 FL	
		Zip Code 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]* Michael Johnson 10-27-97 435-4537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2504P (12/96)