

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763657

1. Corporation Name

NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION, INC

Principal Place of Business

PO BOX 14682
NORTH PALM BEACH FL 33408

Mailing Address

PO BOX 14682
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1982

5. FEI Number

59-2220973

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EISSEY, MARK Tom Williams	725 LAGOON DR 429 Driftwood Rd	NORTH PALM BEACH FL 33408 NPB, FL 33408
VPD	BELL, ROBERT Hudson Blevens	101 DOGY RD S 516 Inlet Rd	NORTH PALM BEACH FL 33408 NPB, FL 33408
TD	MIDDLETON, LISA	155 EBBTIDE DR.	NORTH PALM BEACH FL 33408
SD	FIGUERA, MITCHELL B	729 HUCKLEBERRY LANE	NORTH PALM BEACH FL 33408
SO	SMYTH, PAUL Bruce Emery	712 US HWY 1 STE 210 726 Fairhaven Rd	NORTH PALM BEACH FL 33408 NPB, FL 33408
TD	MORRISON, BETH	548 OVERLOOK DR	NORTH PALM BEACH FL 33408

8. Name and Address of Current Registered Agent

SMYTH, PAUL CPA
712 US HWY 1
STE 210
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

11/18/02 01083-002 **236.25
700009052017
11/18/02 01083-002 **236.25
FL 33408

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Beth Morrison

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

700009052017
11/18/02 01083-002 **236.25

Date 11/13/02

11. 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:

Beth Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02

561-624-4622