


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 29 AM 10:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 770852

1. Corporation Name

CORAL SPRINGS BMX ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10000 NW 29TH ST  
 CORAL SPRINGS FL 33075

P.O. BOX 9802  
 CORAL SPRINGS FL 33075



REINSTATEMENT 2001

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	10/20/1983
5. FEI Number	59-2399385
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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	4 City / State / Zip
P	FAORO, JERRY	2347 NW 97TH LANE	CORAL SPRINGS FL 33065
T	ROSS, WENDY	320 SW 81 TERR.	FT LAUDERDALE FL 33068 LS
TD	CHINLOY, IAN	<del>10708 WILES ROAD</del> 10718 WILES ROAD	CORAL SPRINGS FL 33076
DVP	<del>REGORINO, GREG</del> LEVITT, BOB	22890 SW 85TH AVE APT B PO BOX 9802	<del>BOCA RATON FL 33428</del> CORAL SPRINGS, FL 33065
T	BROOK, VICTORIA	284 NW 40TH TERR	DEERFIELD BEACH FL 33442
ST	<del>JACKSON, JILL</del> BROOK, KARIÉ	<del>1819 SW 33RD AVE</del> 284 NW 40th TERR	<del>FT LAUDERDALE FL 33312</del> DEERFIELD BCH, FL 33442

8. Name and Address of Current Registered Agent

FAORO, JERRY  
 2347 NW 97 LANE  
 CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc.: 300004698239-2  
 City: \_\_\_\_\_ State: FL Zip Code: 11721/01-01018-002  
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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: \_\_\_\_\_ Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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: IAN CHINLOY / IAN CHINLOY Date: 10/15/01 (95A) 341-3075  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)