

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAR 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836250

1. Corporation Name

THE POCKET TESTAMENT LEAGUE, INC.

Principal Place of Business

Mailing Address

11 TOLL GATE ROAD
LITITZ PA 17543
US

PO BOX 800
LITITZ PA 17543-7026

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

04/28/1976

5. FEI Number

22-1616250

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
TR P	ROMINE, JERALD P MICHAEL BRICKLEY	825 FOX HEDGE ROAD 2245 LITITZ PIKE	FRANKLIN LAKES NJ LANCASTER, PA 17601
TR D	BARRINGER, WILLIAM C.	155 PEARCE PARKWAY	PEARL RIVER NY
TR	HALE, JAMES L	910 LAKE ROAD	WEBSTER NY
P D	KAUFFMAN, ROBERT E	390 SARSEN DR	LITITZ PA 17543
TR D	KOLMODIN, ARTHUR W	41 DONNA DR	FAIRFIELD NJ
S	MUMMA, ELIZABETH R	3312 COCHRAN DR	LANCASTER PA 17601

8. Name and Address of Current Registered Agent

LUBKEMANN, ERNEST
3628 MEYER PLACE
SARASOTA FL 33579

9. Name and Address of New Registered Agent

Name

Ernest Lubkemann

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

3628 MEYER PL

Suite, Apt. #, Etc.

City

SARASOTA

300003958933-6
-04/04/01--01069--003

*****51-25 ZIP 34239

FL 34239

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 X

Ernest Lubkemann
REGISTERED AGENT MUST SIGN

Date 3/13/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BRICKLEY, President

REINSTATEMENT 2000-01

3/7/01

Date

(713) 626-1919

Daytime Phone #

MW

CR20040 (800)