

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -2 AM 8:00

DOCUMENT # N00000005757

1. Corporation Name

WEST BOYNTON ATHLETIC
ASSOCIATION, INC.

2. Principal Office Address

6542 HYPOLUXO RD

Suite, Apt. #, etc.

PMB 306

City & State

LAKEWORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

6542 HYPOLUXO RD

Suite, Apt. #, etc.

PMB 306

City & State

LAKEWORTH, FL

Zip

33467

Country

USA

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1044773

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN STEMLE

300028013603

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

7327 CATALINA CLUB CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State
FL

Zip Code

33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steven Stemle

Date

1/28/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TIM PREBLE	6640 HATTERAS DR	LAKE WORTH, FL 33467
D	CHAD KENDALL	10763 CAMBAY CIR	BOYNTON BEACH, FL 33437
D	JEFF PRICE	7969 HEAVENOLCS	LAKE WORTH, FL 33467

10. 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:

Jeff Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

Daytime Phone #

954-232-3863

CR2E001 (10/02)