

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008507

1. Corporation Name

PALM BEACH PUMAS SOCCER ACADEMY, INC.

Principal Place of Business

108 PACER LN.
WEST PALM BEACH FL 33413

Mailing Address

108 PACER LN.
WEST PALM BEACH FL 33413

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

12/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

26-0011736

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LENNON, ROBERT C	108 PACER LN.	WEST PALM BEACH FL 33413
D	KETCHAM, SUE ANNE	108 PACER LN.	WEST PALM BEACH FL 33413
D	PANFIL, SEAN P	108 PACER LN.	WEST PALM BEACH FL 33413

800008667258

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KETCHAM, SUE ANNE
108 PACER LN.
WEST PALM BEACH FL 33413

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sue Anne Ketcham
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Sue Anne Ketcham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

561-385-2355
Daytime Phone #

CR2E040 (8/02)



October 26, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am a Director of and Registered Agent for the Palm Beach Pumas Soccer Academy. This letter attests to the fact that we have never received the uniform business report notices. Otherwise, it would have definitely been paid on time.

I would ask that you waive the reinstatement fee at this time.

If you have any questions, please feel free to contact me on my cell phone, 561-385-2355.

Sincerely,

Sue Anne Ketcham
Sue Anne Ketcham

108 Pacer Lane, West Palm Beach, FL 33413
Phone: 561-588-8852 Fax: 561-649-0377
Email: pumasfc@aol.com