


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004
CORPORATION
REINSTATEMENT
ANNUAL REPORT

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000008930

1. Corporation Name

North Broward Youth Basketball, Inc.

2. Principal Office Address

6100 NW 60TH AVE.

3. Mailing Office Address

6100 NW 60TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2001

5. FEI Number

260034261

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

Don Domino

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

6100 NW 60TH AVE.

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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

Don Domino

Date

8-3-04

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/P	Don Domino	6100 NW 60TH AVE.	PARKLAND, FL 33067
D/V	Andy Gray	10120 NW 56TH ST.	CORAL SPRINGS, FL 33076
D/V	Janice Gray	10120 NW 56TH ST.	CORAL SPRINGS, FL 33076

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-04

Daytime Phone #

954-346-0249

CR2E081 (01/04)