

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 05000003793

1. Corporation Name

Palm Beach Lacrosse, Inc

400187825464
01/05/11--01026--004 **236.25

2. Principal Office Address - No P.O. Box #

6583 Katherine Rd

3. Mailing Office Address

Po Box 212307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33413

Country

Palm Beach

Zip

33421

Country

Palm Beach

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/05

5. FEI Number

203618244

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

Dorothy DeMartino

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

265 Westwood Cir E

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dorothy DeMartino

REGISTERED AGENT MUST SIGN

Date 11/2/10

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	William Allen	6583 Katherine Rd	West Palm Beach FL 33413
D	Dorothy DeMartino	265 Westwood Circle E	West Palm Beach, FL 33411
D	Michael Galvin	180 Elaine Rd	West Palm Beach, FL 33413

4115

10. E-mail Address: ddm918@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

William Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/10

Date

Daytime Phone #