

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 23 PM 2:30


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100137210621  
10/23/08--01025--010 \*\*358.75

REINSTATEMENT  
CR2E081 (12/07)

06-08  
[Signature]

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05000007608**

1. Corporation Name

**WEST FLORIDA LACROSSE  
LEAGUE, INC.**

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

**201 N. Franklin St.**

Suite, Apt. #, etc.

**Suite 2720**

City & State

**Tampa, FL**

Zip

**33602**

Country

**USA**

3. Mailing Office Address

**P.O. Box 3373**

Suite, Apt. #, etc.

City & State

**Tampa FL**

Zip

**33601-3373**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

**SAMUEL R. MANDELBAUM, ESQ.**

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

**201 N. Franklin St.**

Suite, Apt. #, Etc.

**Suite 2720**

City

**TAMPA**

State

**FL**

Zip Code

**33602**

☐ 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

**[Signature: Sam Mandelbaum]**

Date

**10-14-08**

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
PD	Drew Wagner	8212-83rd Ave, No	Largo, FL 33777
VD	MATTHEW DRYDEN	2219 SoHo Bay Ct	Tampa, FL 33606
TD	BOB BOLT	15813 Dawson Ridge Rd	Tampa FL 33647
SD	Frank Collova	1598 Sunset Point Rd	Clearwater FL 33755

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 contained in Chapter 119, 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

**10/20/08**

Date

Daytime Phone #

**813-777-9975**