

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 17 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N050000011892

1. Corporation Name

Boca Raton High School Lacrosse, Inc

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

1099 NW 7th St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-28-05

5. FEI Number

20-409 4990

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

Lindy Harvey

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

1099 NW 7th St

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Lindy Harvey

REGISTERED AGENT MUST SIGN

Date 12/6/07

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
pres.	<u>Robert Albeck</u>	<u>711 SW 15th St</u>	<u>Boca Raton, FL 33486</u>
VP	<u>Darlene Long</u>	<u>2919 Albatross Rd</u>	<u>Dolray Beach, FL 33349</u>
Treas	<u>Lindy Harvey</u>	<u>1099 NW 7th St</u>	<u>Boca Raton, FL 33486</u>
1st sec	<u>Lori Browning</u>	<u>740 Hibiscus St</u>	<u>Boca Raton, FL 33486</u>
and 2nd sec	<u>Pam Rosenthal</u>	<u>5723 Windrift Lane</u>	<u>Boca Raton, FL 33486</u>

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:

Lindy Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/6/07

Daytime Phone # 561-393-7190

B. Mitchell DEC 17 2007