

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23480

1. Corporation Name

LAKE LYAL LASSIE LEAGUE, INC.

2. Principal Office Address

3645 GUN CLUB RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 17362

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33416

Country

U.S.

Zip

33416

Country

U.S.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/87

5. FEI Number

65 0125253

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

TAMMY W GRAY

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

1241 Drexel Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

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

Tammy W Gray

REGISTERED AGENT MUST SIGN

Date 3/16/05

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	PRESIDENT/DIRECTOR OF <u>TIMOTHY MARTIN</u>	<u>6111 SEVEN SPRINGS BLVD</u>	<u>GREENACRES, FL 33463</u>
VD	VICEPRESIDENT/DIRECTOR OF <u>Craig Knowles</u>	<u>1406 Beta Circle</u>	<u>West Palm Beach FL 33406</u>
SD	SECRETARY/DIRECTOR OF <u>LISA STANLEY</u>	<u>6111 SEVEN SPRINGS BLVD</u>	<u>GREENACRES, FL 33463</u>
TD	TREASURER/DIRECTOR OF <u>TAMMY W GRAY</u>	<u>1241 Drexel Road</u>	<u>West Palm Beach, FL 33417</u>
D	Director of Concession <u>Kathleen Allen</u>	<u>5073 Northern Lights Dr</u>	<u>Greenacres, FL 33463</u>

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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:

Tammy W Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMMY W GRAY

3/16/05
Date

561-248-4638
Daytime Phone #