

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32197

1. Corporation Name

POLICE ATHLETIC LEAGUE OF MANATEE COUNTY, INC.

Attn: Shandra Sewall - Finance

Principal Place of Business

Mailing Address

202 13TH AVE. EAST
BRADENTON FL 34208
US

202 13TH AVE. EAST
BRADENTON FL 34208
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0122462

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
C	ROBINSON, LAYON F II	442 OLD MAIN STREET	BRADENTON FL
V	VANBUREN, DR. G	2703 19TH ST. CT. E.	BRADENTON FL
T	BROOKS, CHESTER	6404 MANATEE AVE. W., SUITE L	BRADENTON FL
D	RICHERT, TIM	4005 51ST ST E.	BRADENTON FL
S	FOSTER, BRENDA	202 13TH AVE E.	BRADENTON FL
D	PRESHA, WALTER (P O BOX 106 N/A	PARRISH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, LAYON F., II
442 OLD MAIN STREET
BRADENTON FL 34205

Name

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

City

REINSTATEMENT

15-11/23/98
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)