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
96 DEC 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39869

1. Corporation Name

TAMARAC FLAS FOOTBALL ASSOCIATION INC

Principal Place of Business	Mailing Address
6014 NW 78TH WAY TAMARAC FL 33321	8280 N.W. 68TH TERRACE TAMARAC, FL 33321

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/11/1996

5. FEI Number: 65-0251419 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	"D" JOE BRADEN DIRECTOR	8280 N.W. 68TH TERRACE	TAMARAC, FL 33321
V.PRES	"D" ROB CLEAVER DIRECTOR	7835 N.W. 71ST COURT	TAMARAC, FL 33321
TREAS	"D" DIANA MCINTYRE DIRECTOR	1336 N.W 65TH TERRACE	MARGATE, FL 33063
SEC	"D" KERRY WARD DIRECTOR	7804 N.W. 69TH TERRACE	TAMARAC, FL 33321
			300002033533--4
			-12/19/96--01033--005
			****240.00 ****248.75

8. Name and Address of Current Registered Agent

AMCHIR, MELVIN
4813 NW 93RD TERRACE
SUNRISE, FL 33351

9. Name and Address of New Registered Agent

Name: JOE BRADEN DIRECTOR
Street Address (P.O. Box Number is Not Acceptable): 8280 N.W. 68TH TERRACE
Suite, Apt. #, Etc.:
City: TAMARAC | State: FL | Zip Code: 33321

CR2E040 (12/95)

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: Joe Braden Director — REGISTERED AGENT MUST SIGN — Date: 12-12-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Joe Braden Director JOE BRADEN "D" 12-12-96 (954) 721-9596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #