

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000964

1. Corporation Name

POLICE ATHLETIC LEAGUE OF HIALEAH, INC.

Principal Place of Business

Mailing Address

~~LT. ALAN APFEL~~  
5555 EAST 8TH AVENUE  
HIALEAH FL 33013

SCT. BONNIE ANDRES  
7400 W. 10<sup>TH</sup> AVE.  
HIALEAH, FL.  
33014

~~LT. ALAN APFEL~~  
5555 EAST 8TH AVENUE  
HIALEAH FL 33013

SCT. BONNIE ANDRES  
HIALEAH POLICE DEPT.  
7400 W. 10<sup>TH</sup> AVE.  
HIALEAH, FL.  
33014



REINSTATEMENT 02

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

02/19/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0392135

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	<del>SIMON, ARTHUR</del> SMITH, MARIE	<del>5555 E 8TH AVENUE</del> 7400 W. 10 <sup>TH</sup> AVE	HIALEAH FL HIALEAH, FL. 33014
S	ANDRES, BONNIE	<del>5555 E 8TH AVENUE</del> 7400 W. 10 <sup>TH</sup> AVE.	HIALEAH FL 33014
D	<del>HUMES, KEVIN</del> MESA, ORLANDO	<del>5555 E 8TH AVENUE</del> 7400 W. 10 <sup>TH</sup> AVE.	HIALEAH FL 33013 33014
P	APFEL, ALAN	<del>5555 E 8TH AVENUE</del> 7400 W. 10 <sup>TH</sup> AVE.	HIALEAH FL HIALEAH, FL. 33014
D	<del>GURVAS, NANCY</del> ARMESTO, SHARON	<del>5555 E 8TH AVENUE</del> 7400 W. 10 <sup>TH</sup> AVE.	HIALEAH FL 33013 HIALEAH, FL. 33014
			800009436728 12/10/02--01063--006 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

APFEL, ALAN  
CHIEF, HIALEAH POLICE DEPARTMENT  
5555 EAST 8TH AVENUE  
HIALEAH FL 33013

Name ANDRES, BONNIE

Street Address (P.O. Box Number is Not Acceptable)  
7400 W. 10<sup>TH</sup> AVE.

Suite, Apt. #, Etc.

City HIALEAH

State FL

Zip Code 33014

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-04-02

11. 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  
BONNIE ANDRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-02

Date

Daytime Phone #

305-  
816-4480

CR2E040 (8/02)