

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

96 AIR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -2 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003985

1. Corporation Name

NORTHERN PALM BEACH COUNTY WRESTLING CLUB, INC.

Principal Place of Business

Mailing Address

11420 US HIGHWAY ONE
SUITE 138
N PALM BEACH FL 33408

11420 US HIGHWAY ONE
SUITE 138
N PALM BEACH FL 33408

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1993

5. FEI Number

65-0437331

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)

| 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 |
|---------------|--|--|-------------------------|
| PD | AZAR, PATTY | 11370 TWELVE OAKS WAY, UNIT 112 | N PALM BCH FL |
| TD | MACGREGOR, RICHARD | 5799 MARBLEWOOD CT | JUPITER FL |
| D | COONTZ, MICHAEL D. | 11370 TWELVE OAKS WAY 112 | N. PALM BEACH FL |
| TD | Chesnes, Michael | 801 Lighthouse | N Palm Bch 33408 |
| | | | |
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| | | | |

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AZAR, PATRICIA F

11420 US HIGHWAY ONE
SUITE 138
N PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/8/96

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/96)