

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -3 PM 4:05

DOCUMENT # N93000004711

1. Entity Name

POLICE ATHLETIC LEAGUE OF LAKE LAND, INC.



Principal Place of Business
219 NORTH MASSACHUSETTS AVENUE
LAKE LAND, FL 33801 US

Mailing Address
PO BOX 1095
LAKE LAND, FL 33802-1095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302008

REIN-NP

CR2E099 (1/07)

4. FEI Number

59-3213375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMASON, JOHN
219 N. MASSACHUSETTS AV
LAKE LAND, FL 33801

7. Name and Address of New Registered Agent

Name TIM Abram

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

219 N. MASSACHUSETTS AVE

City LAKE LAND

FL

Zip Code 33801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE TIM Abram, EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-30-08

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME CUERVO, HERMAND DR
STREET ADDRESS 3842 S FLORIDA AVENUE
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE BMT ☐ Delete
NAME SMITH, ARCHIE
STREET ADDRESS 4977 US HWY 98 NORTH
CITY-ST-ZIP LAKE LAND, FL 33809

TITLE BMT ☐ Delete
NAME GLOTFELTY, JOHN
STREET ADDRESS 2018 HALLMARK CT.
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE T ☐ Delete
NAME DOLCE, MICHAEL
STREET ADDRESS 1708 MOCKINGBIRD LN
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600137582836
CITY-ST-ZIP 11/03/08--01075--004 **236.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIM Abram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-08

Date

863-834-8970

Daytime Phone #