PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N9400000392

PALM REACH COUNTY RANDITS POLICE FOOTBALL CLUB

FILED 97 MAR 28 PM 3: 42 SECRETARY OF STATE.

| INC. | | | | | TALLAHASSEE, PLORIDA | | |
|--|---|---|---|--|---|---|--|
| S260 ORAPEVIEW BLVD. S31 SHAD LOXAHATCHEE FL 33470 STE. D.2 | | Mailing Address _\$31_\$HABY PINE_WAY -\$TE: B2 -WEST_PALM_BEACH_FL_334 | Y PINE WAY | | | | |
| | | | ling Office Address, If Applicable 4. Date Inco | | porated or Qualified iness in Florida 01/18/1994 | | |
| 13716-B Sunflower CT 1.0.K | | Suite Apt. # etc. O. Box 1024 City & State LOXANATCHEE F | 5. FEI Num | | 65-0462229 | Applied For Not Applicable | |
| Zip 337 | Country PA/M Beach and Street Addresses of Each Officer and | 33470 | Palm Beach proporations must list at lea | CERTIFICATE | OF STATUS DESIRED | 58.75 Additional Fee required for a Certificate of Status | |
| Title(s) | Namo of Officers and/or Directors | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | City / State / Zip | | |
| PD | MORAN, TIMOTHY | -8288 GRAI 13716-1 | B Sunflower | | | | |
| V D | MORAN, PATRICIA | - 8288 GRAI /37/6-/ | 13716-B Sunflower ct | | Wellington Fla 33414 | | |
| \\ \} | PAlmer Michael | 2807 4 | 2807 WINDSWOOT NOTH- | | LANTANA FLA 33462 | | |
| SD | WHITTLES, KELLY | - 501 SHAD 2373 (| 2373 GREENSATE CIR | | WEST PALM BEACH FL 33415 West Palm Beach F/ 33415 | | |
| TD ア | VOGT, JANKE Jackowitz Digne | 12526 07T | 12528 OTTH STREET NORTH- 13477 68 th Street NORTH | | ROYAL PALM BEACH FL 83411- Royal Palm Beach Fl 33411 | | |
| . D - | BILARDELLO, CRISTINA 1 | 11958 516T COURT NORTH | | WEST PALM BEACH FL 33411 | | | |
| MORAN, PATRICIA M 6268 GRAPEVIEW BLVD. LOXAHATCHEE FL 33470 | | | | 9. Name and Address of New Registered Agent Name McAN Imothy Street Address (P.O. Box Number is Not Acceptable) /37/6 - B Sunflower Sulte, Apt. #, Etc. -04/01/9701069-015 City wellington ****306 State ****306 State ****306 State ****306 State *****306 State ******306 State ******306 State *****306 St | | | |
| 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 REGISTERED AGENT MUST SIGN | | | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on Intangible tax.) | | | | | | | |
| 12. I certify that I em 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 filling 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. | | | | | | | |

56/- 795-68/6 Daytime Phone #