

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 # **N94000000392**

1. Corporation Name

**PALM BEACH COUNTY BANDITS POLICE FOOTBALL CLUB,
INC.**

Principal Place of Business

Mailing Address

~~6268 GRAPEVIEW BLVD.~~
~~LOXAHATCHEE FL 33470~~

~~531 SHADY PINE WAY~~
~~STE. B-2~~
~~WEST PALM BEACH FL 33416~~

FILED

97 MAR 28 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

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

01/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0462229

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
PD	MORAN, TIMOTHY	6268 GRAPEVIEW BLVD. 13716-B Sunflower Ct	LOXAHATCHEE FL 33470 Wellington FLA 33414
VD	MORAN, PATRICIA	6268 GRAPEVIEW BLVD. 13716-B Sunflower Ct	LOXAHATCHEE FL 33470 Wellington FLA 33414
VD D	BILARDELLO, ANDREW Palmer Michael	41958 51ST COURT NORTH 2807 Windswept Dr #104	WEST PALM BEACH FL 33411 Lantana FLA 33462
SD	WHITTLES, KELLY	501 SHADY PINE WAY D-2 2373 Greensgate Cir	WEST PALM BEACH FL 33415 West Palm Beach FL 33415
TD T	VOGT, JANIE Jackowitz Diane	42526 67TH STREET NORTH 13477 68th Street North	ROYAL PALM BEACH FL 33411 Royal Palm Beach FL 33411
D	BILARDELLO, CRISTINA T	41958 51ST COURT NORTH	WEST PALM BEACH FL 33411

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORAN, PATRICIA M
6268 GRAPEVIEW BLVD.
LOXAHATCHEE FL 33470

Name

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

Suite, Apt. #, Etc.

City

MORAN Timothy

13716-B Sunflower Ct

800002130135-9

04/01/97-010692015

***306 FL #33414 25

Wellington

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

Timothy Moran
REGISTERED AGENT MUST SIGN

Date 3-20-97

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

Timothy MORAN

3-20-97

Date

Daytime Phone #

561-795-6816

CR20040 (7/96)