

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 26 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000000392

1. Corporation Name

Palm Beach County Bandits Police Football Club, Inc.

W01-3809

2. Principal Office Address

c/o Michael Wallace 107 Saddle Trail P.O. Box 20246

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

U.S.A.

Zip

33416-0246

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

SP

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. Name and Address of Current Registered Agent

Name

Michael Wallace

200003810942-5

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

107 Saddle Trail

03/08/01-01002-028

\*\*\*\*361.50 \*\*\*\*361.50

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Michael Wallace*

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Michael Wallace	107 Saddle Trail	Royal Palm Beach, FL 33411
VP/D	Michael King	113 Barcelona Drive	Royal Palm Beach, FL 33411
S/D	Doreen King	113 Barcelona Drive	Royal Palm Beach, FL 33411
T/D	Diane Liebla	3186 Madden Road	West Palm Beach, FL 33406

10. 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:

*Diana H. Liebla*

DIANA H. LIEBLA

Date

2-11-01

Daytime Phone #

561  
965-2828

CR2E081 (9/00)