

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000001446

1. Corporation Name

P.L.A.Y.E.R.S. Foundation, Inc.

2. Principal Office Address

3801 PGA Blvd

Suite, Apt. #, etc.

806

City & State

Palm Beach Gardens, Florida

Zip

33410

Country

USA

3. Mailing Office Address

P.O. Box 30633

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, Florida

Zip

33420-0633

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 23, 1993

5. FEI Number

65-0511226

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700023669237
10/09/03--01064--008 **236.25

7. Name and Address of Current Registered Agent

Name

Donald W. Miller, Esq.

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

3801 PGA Blvd.

Suite, Apt. #, Etc.

806

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Donald W. Miller
REGISTERED AGENT MUST SIGN

Date 10-03-03

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	Paul Eshelman	21 Handcock	Laguna Niguel, CA 92677
D	Ira Lee Eschelman	600 Jenkins Branch Road	Bryson City, NC
D	Donald W. Miller	3801 PGA Blvd, Suite 806	Palm Beach Gardens, FL 33410
D	Bonnie Labadie	34300 Lantern Bay Dr., Unit #38	Dana Point, CA 92629
D	Judy Blankenmeyer	16126 Road Rte. #17 North RRI	Ft. Jennings, OH 45844

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:

Donald W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-03-03 561-366-7000

Date

Daytime Phone #

CR2E081 (10/02)