

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001532

1. Corporation Name

Boynton Beach Police Athletic League, Inc.

2. Principal Office Address - No P.O. Box #

100 East Boynton Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

100 East Boynton Beach Blvd.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-29-1994

5. FEL Number

65-0488479

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

Deborah Jones

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

100 East Boynton Beach Blvd.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

800103611708
05/01/07 01002-014 22436 00

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

Deborah Jones

Date 04-05-07

REGISTERED AGENT MUST SIGN

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	Bill Tome	100 E. Boynton Beach Blvd.	Boynton Beach, FL 33435
D	Joe Evans	100 E. Boynton Beach Blvd.	Boynton Beach, FL 33435
T/S	Deborah Jones	100 E. Boynton Beach Blvd.	Boynton Beach, FL 33435

REINSTATEMENT 04-07

B-5/22/07

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 contained in Chapter 119, 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:

Deborah Jones Deborah Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

Date

301-241-2190

Daytime Phone #