

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **N94000002366**

1. Corporation Name

**FLORIDA LEAGUE OF AMATEUR SPORTS, INC.**

Principal Place of Business

**11103 TOWNSEND LANE  
BOYNTON BCH. FL 33437  
US**

Mailing Address

**11103 TOWNSEND LANE  
BOYNTON BCH. FL 33437  
US**

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

**05/09/1994**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0500311**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TOWNSEND, GARY	11103 TOWNSEND LANE	BOYNTON BCH. FL 33437
D	WELLER, HARRIETTE	110 DEVON DR.	CLEARWATER FL 34630
D	BOWMAN, ROBERT	7747 CANAL DR.	LAKE WORTH FL 33467
S	BOWMAN, SHERRY	7247 CANAL DR	LAKE WORTH FL 33467
P	TOWNSEND, JANE	11103 TOWNSEND LANE	BOYNTON BEACH FL 33437
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TOWNSEND, JANE  
11103 TOWNSEND LANE  
SUITE 138  
BOYNTON BCH. FL 33437**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Jane Townsend*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Jane Townsend*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)