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
98 APR 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004518

1. Corporation Name
OKALOOSA COUNTY POLICE ATHLETIC LEAGUE INC.

Principal Place of Business / Mailing Address

209 GREEN ACRES RD
FT. WALTON BEACH, FLORIDA 32547

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
209 GREEN ACRES RD.
Suite, Apt. #, etc.
City & State: FT. WALTON BEACH, FL.
Zip: 32547 County: OKALOOSA

3. New Mailing Office Address, If Applicable
209 GREEN ACRES RD
Suite, Apt. #, etc.
City & State: FT. WALTON BEACH, FL.
Zip: 32547 County: OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida: SEPT. 14, 1994

5. FEI Number: 59-3262726 — 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
P./D.	WILLIAM E. SIMMONS	209 GREEN ACRES RD.	FT. WALTON BEACH, FL. 32547
V./D.	RANDALL S. CARROLL	414 SOUTH AVE.	FT. WALTON BEACH, FL. 32547
T./D.	JOSEPH S. BEAL	1-D ROBY DR.	MARY ESTHER, FL. 32569
S./D.	DENNIS JACOBS	116 MANRING DR.	FT. WALTON BEACH, FL. 32547
D.	EUGENE P. CUDNOHOSKI	717 LEGION DR.	DESTIN, FL. 32541

REINSTATEMENT 96-98 SC 4.16-98

8. Name and Address of Current Registered Agent

DENNIS WALKER
816 MEADOW LANE
FT. WALTON BEACH, FL. 32547

9. Name and Address of New Registered Agent

Name: WILLIAM E. SIMMONS
Street Address (P.O. Box Number is Not Acceptable): 209 GREEN ACRES RD.
Suite, Apt. #, Etc.: 500002492905--6 -04/20/98--01005--004
City: FT. WALTON BEACH State: FL Zip Code: 32547 ****385.00

CR2E040 (1-98)

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: William E. Simmons — Date: 4-8-98
REGISTERED AGENT MUST SIGN

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: WILLIAM E. SIMMONS William E. Simmons — Date: 4-8-98 — 850-863-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #