


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 PM 2:30

DOCUMENT # N95000001146

1. Corporation Name

UNITED STATES LIFESAVING ASSOCIATION S.E. REGION
, BOCA CHAPTER INC.

Principal Place of Business

Mailing Address

3939 NORTH OCEAN BLVD.
BOCA RATON FL 33432

P O BOX 324
BOCA RATON FL 33429-0324

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

03/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0562191

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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 3	City / State / Zip 4
PD	RAPP, TODD Turner, sean	200 NE 6TH ST PO BOX 453	BOCA RATON FL 33432 Boca Raton FL 33429
VPD	FRAY, CLINT Young, Kevin	411 S.W. 1ST STREET 286 SW 2nd ST.	BOCA RATON FL 33432
TD	WOTTON, PHIL McBlamery, Patrick	707 S.E. 4TH AVENUE 8371 Bermuda Sound Way	DELRAY BEACH FL 33483 Boynton Beach FL 33436
SD	KIRKWOOD, JASON	3234 N.W. 28TH TERRACE	BOCA RATON FL 33434

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOTTON, PHIL

707 S.E. 4TH AVENUE

DELRAY BEACH FL 33483

Name

Patrick McBlamery

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

8371 Bermuda Sound Way

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

REGISTERED AGENT MUST SIGN

Date

3/15/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick McBlamery 3/15/02 393-7842

CR2040 (3/01)

March 15, 2002

United States Lifesaving Association
Boca Chapter Inc.
P.O. Box 324
Boca Raton FL 33429-0324

To whom it may concern,

I am writing to ask for reinstatement of corporation status.

Our office received no prior notice, simply a dissolution notice. I therefore request that any and all late fees be waived.

Enclosed are the application for reinstatement form and a check for \$122.50. Please inform me if there is any further to be done.

Sincerely,

Patrick McGlamery
Treasurer
USLA Boca Raton Chapter