PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	OF ALABAREE MOTHOUTIONS DELIGIBLE	COMPLETING THIS	FURIVI.					
TION	FLORIDA DEPARTMENT OF STAT	E						

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APPLICATION FOR REINSTATEMENT FLORIDA DEPAREMENT OF STATE

Lim Smith

Central of State

DIVISION OF CORPORATIONS

DOCUMENT #

N95000001587

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

Corporation Name

WINTER HAVEN POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

203 AVENUE R. N.E. WINTER HAVEN FL

203 AVENUE R. N.E. WINTER HAVEN FL



02 OCT 25 AM 8: 01



0.44		illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/04/1995					
City & State Suite, Apt. # City & State City & State				5. FE! Number 59-3368466		Applied For Not Applicable			
Zip		Country	Zip		ountry		E OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	orida nonprofit co	rporations must list at I	least 3 directors)			
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		City / State / Zip				
D	DOLES, DERRICK		203 AVENUE R., N.E.		WINTER HAVEN FL				
P/T	GREEN, ANTHONY Brown, Tim		2006 9THSTREET NE 305 Ave X NE		WINTER HAVEN FL 33881 Winter Haven FL 33881				
VP/T	BUTLER, MACY Tyl, Chet		-1949 MOCKINGBIRD CIR 3601 Cypress Gardens Rd		WINTER HAVEN FL 33884 Winter Haven	_			
T	KENNEDY, KELLY Cuyler, Sandra		198 197 STREET 9. 2009 Leisure Dr NW.		WINTER-HAVEN FL 33889 Winter Haven				
S/T	FLOYD, CLINT Reddick, Catherine		1801 MEADOW CIRCLE N.E. 211 Melina Ave		WINTER HAVEN FL 33881 Dundee, F1 33844				
Т		Alls, Michele 714 17th NE				Winter Haven	FL 33881		
	8. Name	and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent			
DOLES, DERRICK 203 AVENUE R., N.E. WINTER HAVEN FL 33881					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
			Suite, Apt. #, Etc.						
	***				City		∤ FL ∤	ip Code	
I, beingSignature of		· ·			ar with and accept the d	obligations of Section	on 607.0505, F.S. or 617.0505, F.	S.	

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:

Registered Ager

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10/22/02 863 29327/5 Date Daytime Phone #

Date 10/22/02

Winter Haven



203 Avenue R, N.E. Winter Haven, Florida 33881 (863) 293-APAL (2725)



October 22, 2002

To Whom it may concern:

On August 15, 2002, the Winter Haven Police Athletic League submitted its annual 2002. Uniform Business Report, along with a check for \$61.25.

On October 21, 2002, I received a Notice of Administrative Dissolution or Revocation. I contacted the Division of Corporations on October 22, 2002, and I was told our business was rejected because we are required to have at least 3 directors or trustees, in which the proper designation was not placed by the names of each director or trustee.

I have made the proper corrections to the directors and/or trustee, and I am requesting the reinstatement fee be waived. I did not receive anything in the mail regarding any rejection of the uniform business report.

The Uniform Business Report is resubmitted for your approval with the account number in the upper right hand corner. Thank you.

Sincerely

Derrick Doles

Executive Director

Winter Haven Police Athletic/Activities League