

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000001857

1. Corporation Name

FLAMES YOUTH BASKETBALL, INC.

Principal Place of Business

142 W. 27TH ST.  
RIVIERA BEACH FL 33404

Mailing Address

142 W. 27TH ST.  
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1995

5. FEI Number

65-0332549

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)

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	WELLS, MICHAEL	142 W. 27TH ST.	RIVIERA BEACH FL 33404
D	ADAMS, THOMAS	231 PORTER PL.	WEST PALM BEACH FL 33409
D	BRYANT, IRA	350 W. 16TH WAY	RIVIERA BEACH FL 33404
D	OSBORN, SAMMIE	219 SUPERIOR PL.	WEST PALM BEACH FL 33409
			700002498687--2 -04/23/98--01128--001 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

WELLS, MICHAEL  
142 W. 27TH ST.  
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Michael Wells*

REGISTERED AGENT MUST SIGN

Date 2-3-98

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:

*Michael Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-98 561-863-2935

FILED

98 APR 20 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98