

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005144**

1. Corporation Name

PALM BEACH GARDENS POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

10500 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Mailing Address

P.O. BOX 32337
PALM BEACH GARDENS FL 33420-2337
US

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

2. New Principal Office Address, If Applicable

3710 NORTH LAKE BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

Zip

33410

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1995

5. FEI Number

65-0590193

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
ED	BETSCHA, GEORGE	10500 NORTH MILITARY TRAIL	PALM BEACH GARDENS FL 33410
PD SD	CUNNINGHAM, SALLY	10500 NORTH MILITARY TRAIL	PALM BEACH GARDENS FL 33410
VPD	STRAW, WILLIAM	2401 PGA BLVD	PALM BEACH GARDENS FL 33410
TD	RIDGELY, H.M. III	11030 OAKWAY CIRCLE	PALM BEACH GARDENS FL 33410
SD VPO	BAGWELL, DAVE STEVE HORNE	400 AVENUE OF THE CHAMPIONS	PALM BEACH GARDENS FL 33418
PD	JOE JOHNSON	135 BRACKENWOOD ROAD	PALM BEACH GARDENS, FL 33418

8. Name and Address of Current Registered Agent

BETSCHA, GEORGE OFC
10500 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name **SAME**

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 807.0505, F.S.

Signature of
Registered Agent

George F. Bettscha
REGISTERED AGENT MUST SIGN

Date **10-18-99**

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 817, 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 807.0401 or 817.0401, 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:

Joseph F. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99
Date

Daytime Phone #