

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000414

FILED  
Dec 23, 2008  
Secretary of State

**Entity Name:** POLICE ATHLETIC LEAGUE OF DAVIE, INC.

**Current Principal Place of Business:**

4300 SW57 TERR  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4300 SW57 TERR  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0716849      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCOTT, STEPHANIE  
4300 SW 57 TERRACE  
DAVIE, FL 33314      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE SCOTT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SCOTT, STEPHANIE  
Address: 4300 SW 57 TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: S      ( ) Delete  
Name: EVANS, DONNA  
Address: 4300 SW 57 TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: VP      ( ) Delete  
Name: EVANS, TODD  
Address: 4300 SW 57 TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: D      ( ) Delete  
Name: MONTGOMERY, JUSTIN  
Address: 4300 SW 57 TERR  
City-St-Zip: DAVIE, FL 33314

Title: D      ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: 4300 SW 57 TERR  
City-St-Zip: DAVIE, FL 33314

Title: D      ( ) Delete  
Name: PIGNATO, DAN  
Address: 4300 SW 57 TERR  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA EVANS

S

12/23/2008

Electronic Signature of Signing Officer or Director

Date