2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# N97000000414

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:

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

Name and Address of New Registered Agent:

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: D (X) Change ( ) Addition
Name: RANDOLPH, ARLENE
Address: 4300 SW 57 TERR
City-St-Zip: DAVIE, FL 33314

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 10/22/2009

Electronic Signature of Signing Officer or Director — Date