

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003295

1. Corporation Name

FOOTBALL CAMP, INC.

Principal Place of Business

9424 S.W. 52ND PLACE
COOPER CITY FL 33328

Mailing Address

9424 S.W. 52ND PLACE
COOPER CITY FL 33328

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

06/08/1998

5. FEI Number

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>PD</i>	MEGNA, PAUL	9424 S.W. 52ND PLACE	COOPER CITY FL 33328
<i>D</i>	ELDER, JAMES	9424 S.W. 52ND PLACE 866 BRIARIDGE ROAD	COOPER CITY FL 33328 WESTON, FL. 33327
<i>D</i>	COLLINS, DAVID W SNIDER, BRIAN	9424 S.W. 52ND PLACE 9009 S.W. 51ST PLACE	COOPER CITY FL 33328 COOPER CITY, FL. 33328
			800003368708--0 -08/23/00--01045--021 ****297.50 ****297.50

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

STEVEN R. PIETRO, ESQ.

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

8201 NW 15TH STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 7/1/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL MEGNA

11/16/99

Date

(954) 680-7248

Daytime Phone #

CR2E040 (8/99)