PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N99000002161

1. Corporation Name

PALM BEACH YOUTH BASKETBALL TRAVEL LEAGUE, INC.

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

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'S., Z.,
P O BO% 2068
BOCA MATON FL 33427
BOCA MATON NL 33427

2. New Principal Office Address, If Applicable

Huy

Principal Place of Business

Mailing Address

P O BOX 6068

3. New Mailing Office Address, If Applicable

00 NOV 29 AM 9: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

REINSTATEM	ENT (V)
4. Date Incorporated or Qualified	
To Do Business in Florida	04/08/1999
5. FEI Number	Applied For
	Date Incorporated or Qualified To Do Business in Florida

33464 USA 334		33469	69 038		for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and/or	Director (Florida nonpro	fit corporations must list at least	3 directors)				
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director		4	City / State / Zip		
D	DOYLE, MIKE	661 SW	661 SW 5TH ST			BOCA RATON FL 33486		
D	DELANEY, BRUCE	1907 L	1907 LYNTON CIRCLE			FL 33414		
D	MAGGIO, ART	GIO, ART 300 FAIRWAY DRIVE NORTH			TEQUESTA FI	L 33469		
D	Allan Bleacher 21		SISN FLAGLER DR. SUITE HSO 2/326 GOS', CR WAY		MEST PALM BEACH FL 80401 FB 334			
				30		4971637 /0001063019		

HUY ON E

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DÔYLE, MIKE 661 SWASTHE ST BOCA RATON FL 33427

MAGG10 Address (P.O. Box Number is

300

Tequesta

above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of th

Signature of Registered Agent

****245.80 ***

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 filling 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.