

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 16 PM 4:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N99000002161
PALM BEACH YOUTH
BASKETBALL TRAVEL
LEAGUE INC

2. Principal Office Address

9868
SANDALFOOT BLVD

Suite, Apt. #, etc.

Suite # 122

City & State

DOCA RATON FLA

Zip

33428

Country

Palm
Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1999

5. FEI Number

65-1052155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

12-03-02 01044 023 #

236.25

7. Name and Address of Current Registered Agent

Name

ART MAGGIO

100014317401

03/18/03--01040--002 **61 25

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

300 FAIRMWAY DRIVE NORTH

Suite, Apt. #, Etc.

City

TEQUESTA, FLA 33469

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

3/11/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	ALLAN Bleecher	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428
VP	MICHAEL DOYLE	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428
VP	LANCE DRADFORD	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428
Treas	ELAINE McLAETH	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428
Sec	HOWARD MINTZ	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428
Dir	ART MAGGIO	9868 SANDALFOOT BLVD # 122	DOCA RATON FLA 33428

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 520-9723
3/11/03

5/22
aw