

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000003885

1. Corporation Name

THE WEST MELBOURNE POLICE ATHLETIC LEAGUE INC.

Principal Place of Business

W. MELBOURNE POLICE DEPT.
W. MELBOURNE FL 32904

Mailing Address

2290 MINTON RD.
W. MELBOURNE FL 32904
US

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

06/23/1999

5. FEI Number

59-6044078

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	LOCK, BRIAN K	2290 MINTON RD	W MELBOURNE FL 32904
VPT	WILKINSON, WILLIAM S	2290 MINTON RD	W MELBOURNE FL 32904
ST	GARCEAU, DENISE M	2290 MINTON RD	W MELBOURNE FL 32904
T	MORISSETTE, DIANE	356 ASH ST.	WEST MELBOURNE FL 32904
			200004672442--1 -11/08/01--01046--014 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MORISSETTE, DIANE
356 ASH ST.
WEST MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32904

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

REGISTERED AGENT MUST SIGN

Date 10-11-2001

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:

Brian K. Lock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-2001 321-723-9673

Date

Daytime Phone #

CR20040 (8/01)