


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N99000006992
1. Corporation Name
NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION-SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business Mailing Address
4132 B QUAIL RIDGE DR 4132 B QUAIL RIDGE DR
996 996
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436

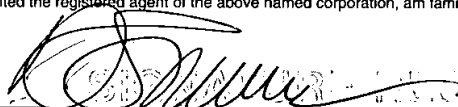
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/29/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0914362	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

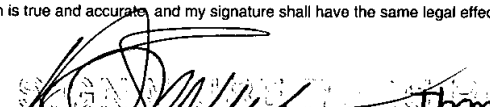
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD TD	SORENSEN, THOMAS	707-SOUTH RD. 4132B Quail Ridge Dr	BOYNTON BEACH FL 33436
VPD PD	SILVAGNI, H.R.	2190 LAUREL LN	MIAMI FL 33181
D	TREANOR, THOMAS	6692 GREEN ISLAND CIR.	LAKE WORTH FL 33463
SD	Tom BRAATZ	3131 NE 55th CT.	FT. Lauderdale, FL 33308
01-02 UBR			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SORENSEN, THOMAS 707-SOUTH RD. 4132B Quail Ridge Dr BOYNTON BEACH FL 33436 Boynton Bch, FL 33436		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 900007293519--J City Date 08/22/02 State FL Zip Code 33436	

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  Thomas Sorensen Date 6/27/02
REGISTERED AGENT MUST SIGN

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:  Thomas Sorensen 6/27/02 (561) 733-3766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

02 AUG 19 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)

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**NATIONAL FOOTBALL LEAGURE PLAYERS ASSOCIATION
SOUTH FLORIDA CHAPTER**

4132B Quail Ridge Drive
Boynton Beach, FL 33436

July 31, 2002

Mr. Tyrone Scott
Document Specialist
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter # 902A00045300

Dear Mr. Scott:

Per your most recent letter of July 25, 2002, I am enclosing a Application of Reinstatement for the corporation. Please note changes of Officers/Directors and correction of address/ Registered Agent.

I know now how the mix up occurred. Your office was notified of the change of address, proof being the Principal Place of Business and Mailing Address are correct, however, it appears that your division failed to also correct the address of the Registered Agent, therefore, we never received the proper notices about the renewal.

I have again enclosed the necessary check. Your prompt action in re-instating is appreciate.

H. T. Sorensen, Treasurer
NFLPA – South Florida Chapter, Inc.