

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # P95000091932

1. Corporation Name

FLORIDA BOBCATS FOOTBALL, INC.

99 DEC 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1097 PALM BEACH LAKES BOULEVARD

1097 PALM BEACH LAKES BOULEVARD

#211

#211

WEST PALM BEACH FL 33409

WEST PALM BEACH FL 33409

US

US

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

12/04/1995

Suite, Apt. #, etc.

1858 NODHURD Rd.

Suite, Apt. #, etc.

1858 NODHURD Rd.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

5. FEI Number

65-0624280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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
D	FREY, BRUCE J	1897 PALM BEACH LAKES BOULEVARD	WEST PALM BEACH FL 33409

400003082384--9

-12/29/99--01005--005

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIL, KENNETH J

201 S BISCAYNE BLVD-10TH FL

MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Kenneth J. Weil
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/16/99

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

Bruce J. Frey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/16/99

954.577-9009
Daytime Phone #