

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**98-99AR**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

FILED

99 FEB 11 PM 1:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **704484**  
 1. Corporation Name  
**BLOOMINGDALE CIVIC CLUB INC.**

Principal Place of Business Mailing Address  
**2215 Bloomingdale Ave Valrico FL 33594**      **3402 ORIENT ROAD TAMPA FL 33619**

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

2. New Principal Office Address, if Applicable  
**2215 Bloomingdale Ave**  
 Suite, Apt. #, etc. **40 Bloomingdale Little League**  
 City & State **Valrico, FL**  
 Zip **33594** Country

3. New Mailing Office Address, if Applicable  
**3402 ORIENT ROAD**  
 Suite, Apt. #, etc.  
 City & State **Tampa FL**  
 Zip **33619** Country

4. Date Incorporated or Qualified To Do Business in Florida **9-4-62**

5. FEI Number **N/A** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	TROVILLON, ALLAN	2509 MASON OAKS DR	VALRICO FL 33594
V/D	SLOWEY, CHARLES	3015 LITTLE ROAD	VALRICO FL 33594
S/D	BARFIELD, JAMES	2203 DURANT RD	VALRICO FL 33594
T/D	FLETCHER, MICHAEL	1434 CLARION DR	VALRICO FL 33594
D	CARTER, MATTHEW	2204 Bloomingdale Ave	VALRICO FL 33594
D	KEMPER, DAVID	110 Hickory Creek DR	BRANDON, FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent  
 Name **Michael FLETCHER**  
 Street Address (P.O. Box Number is Not Acceptable) **3402 ORIENT ROAD**  
 Suite, Apt. #, Etc **100002777041--0**  
 City **TAMPA** State **FL** Zip Code **33629**

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 *[Signature]* Date **12-26-98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Michael FLETCHER** *[Signature]* Date **12-26-98** Daytime Phone # **813-628-4171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRF04011987

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Mike Fletcher  
3402 Orient Road  
Tampa, Florida 33619

December 28, 1998

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl 32399

Re: Reinstatement of Corporation of Bloomingdale Civic Club Inc.

Attached is the reinstatement application for the Bloomingdale Civic Club Inc. which was recently administratively dissolved by your office for not filing an annual report.

The registered agent and secretary missed several meetings but assured us that all necessary forms had been filed. We have replaced the secretary/registered agent and taken steps to assure that all future reports will be filed as necessary.

The primary mission of the Bloomingdale Civic Club Inc. is the support of facilities for the Bloomingdale Little League, and our funds are very limited. Therefore we hereby request waiver of the reinstatement fee of \$175.00. The filing fee of \$61.25 is enclosed.

If there are any questions, I can be reached at 813-628-4171 or email at [mfletcher@usa.net](mailto:mfletcher@usa.net). Thank you for your consideration in this matter.

Respectfully,



Mike Fletcher  
Treasurer