

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707753

1. Corporation Name

TRILBY SOCIAL CLUB INCORPORATED

Principal Place of Business

Mailing Address

OLE TRILBY ROAD  
P.O. BOX 854  
TRILBY FL 33593-7854

OLE TRILBY ROAD  
P.O. BOX 854  
TRILBY FL 33593-7854

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07  
Date incorporated or Qualified  
To Do Business in Florida

08/31/1964

5. FEI Number

59-2499975

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KIRKSEY, JAMES W	18435 HAMILTON RD	DADE CITY FL 33523
P	KING, LOUIS A	PO BOX 8	TRILBY FL 33593
S	JACKSON, BOBBY S	PO BOX 286 N/A	LACOOCHEE FL
D	MENDEZ, LEO	26055 OLYMPIA	BROOKSVILLE FL 34601
V	BLACK, WATER E	P.O. BOX 27, NA	TRILBY FL
D	DAVIS, HENRY L	33297 CORTEZ BLVD	DADE CITY FL

500024983895  
11/24/03 01039 013 \*\*236.25

8. Name and Address of Current Registered Agent

KING, ALICE B  
20830 TRILBY CEM. RD  
TRILBY FL 33593

9. Name and Address of New Registered Agent

Name

RONALD E. STANLEY

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

1421 DAYCREST DR.

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33543

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ronald Stanley*  
REGISTERED AGENT MUST SIGN

Date 11-20-03

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:

*Ronald Stanley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD E. STANLEY  
Date

813-991-9068  
Daytime Phone #

CR2E040 (7/03)