

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
 AND  
 FILED**

1997 JAN 13 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION  
 FOR  
 REINSTATEMENT**

**DOCUMENT # 719526**

1. Corporation Name  
**THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.**

Principal Place of Business: **660 BEACHLAND BLVD. VERO BEACH FL 32961**  
 Mailing Address: **P.O. BOX 5185 VERO BEACH FL 32961-5185**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1970	
City & State		City & State		5. FEI Number <b>23-7170193</b>	
Zip		Country		Applied For	
				Not Applicable	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STURGIS, JACK A	995 33RD AVE	VERO BEACH FL 32960
SD	STORK, BOB	P.O. BOX 6670 NA	VERO BEACH FL
PD	RICHEY, DAN	P.O. BOX 1148 N/A	VERO BEACH FL
VD	MILWOOD, DAVID	4920 13TH LANE	VERO BEACH FL
AS	NICHOLSON, LINDA L.	1407 20TH ST.	VERO BEACH FL
TD	HENDRIX, C. KENNON	P.O. BOX 520 N/A	VERO BEACH FL 32961

8. Name and Address of Current Registered Agent

**LLOYD, ROBIN A.**  
**660 BEACHLAND BLVD**  
**SUITE 201**  
**VERO BEACH FL 32963**

9. Name and Address of the Corporation

**REINSTATEMENT**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **100002059321--5**  
 Suite, Apt. #, Etc.: **-01/15/97--01079--014**  
 City: \_\_\_\_\_ State: **FL** Zip Code: **\*\*\*\*236.25 \*\*\*\*236.25**

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]* **Robin A. Lloyd** Date: **12-27-96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* **Linda L. Nicholson** Date: **12-29-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)