

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

AND FILED

98 NOV 18 PM 12:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **719526**

1. Corporation Name

**THE HUNDRED CLUB OF INDIAN RIVER COUNTY, INC.**

Principal Place of Business

Mailing Address

660 BEACHLAND BLVD.  
 VERO BEACH FL 32961

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.



**REINSTATEMENT** 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7170193

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VPD	HOOVER, FRANK	4400 16TH ST.	VERO BEACH FL
VPD PD	HOWARD, DANA	1709 21ST ST.	VERO BEACH FL
SD TD	POST, RICHARD	15 CACHE CAY DR.	VERO BEACH FL
AS	NICHOLSON, LINDA L	1407 20TH ST. 346 21st Avenue	VERO BEACH FL
D	HENDRIX, KENNON C	P.O. BOX 520 N/A	VERO BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*

**ATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11-1-98

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:

*Linda R. Nicholson, Asst. Secretary*

11-1-98

561-778-7680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/88)