PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 JAN -6 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721966

1. Corporation Name

THE BENT PALM CLUB, INC

W98000028509

Principal Place of Business	Mailing Address
935 OCEAN SHORE BLVD ORMOND BEACH FL 32176	935 OCEAN SHORE BLVD ORMOND BEACH FL 32176

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

REINSTATEMENT 93-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
N/A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1381959 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.	ROBERT SPEAR	6600 NEWBURGH ROAD	EVANSVILLE IN 47715
V.P.	DENNIS STUDER	935 OCEAN SHORE BLVD	ORMOND BEACH FL 32176
D.	BUELL DUNCAN	1200 COUNTRY LANE	ORLANDO FL 32804
S.T.	MARGARET BARRY	30 WALBROOKE AVE	STATEN ISLAND NY 10301
D.	G DAVIS WEBSTER	1250 DARTMOUTH CT	ALEXANDRIA VA 22314
D.	P GREENOUGH	1098 ABERDEEN RD	STOW OH 44224
D.	ROBERT MCKENNA	57 RICHARD RD	EDISON NJ 08820

8. Name and Address of Current Registered Agent

ELAINE W COYLE
935 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

9. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

600002738396--1
-01/12/99--01073--012
****542.50

CR2E040 (1/98)

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 X Elaine W. Coyle
REGISTERED AGENT MUST SIGN

Date 12-16-98

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*****61.25

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: X Dennis R Studer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-98
Date

904 441-3562
Daytime Phone #

12/14/98:HLB:mf