

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 730757

1. Corporation Name

MARTIN/ST. LUCIE CHAPTER OF
S.P.E.B.S.Q.S.A. INC.

2. Principal Office Address

1904 N.E. AVENIDA DRACAENA

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip

34957

Country

US

3. Mailing Office Address

1904 N.E. AVENIDA DRACAENA

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip

34957

Country

US

400003492994--9

-12/11/00--01023--018

*****61.25 *****61.25

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1974

5. FEI Number

65-0437461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~SCHOENER, GEORGE~~

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

1904 N.E. AVENIDA DRACAENA

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

George Schoener

Date 11/21/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCHOENER, GEORGE	1904 N.E. AVENIDA DRACAENA	JENSEN BEACH, FL 34957
PD	PIZZO, SAM	1225 N.W. 21ST ST. #3410	STUART, FL 34994-9356
TD	VAN ALLEN, STEPHAN	1701 S.E. BALMORAL CT.	PORT ST. LUCIE, FL 34952-4136
D	RAY, ROBERT	82 AQUA RA DR.	JENSEN BEACH, FL 34957-2627
D	ECKHARDT, PAUL	2349 S.E. DELANO RD.	PORT ST. LUCIE, FL 34952-5557
D	PELLERIN, CLAUDE	2308 S.E. HOLLAND ST.	PORT ST. LUCIE, FL 34952

10. 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:

George Schoener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/00 (561) 232-1192

Date

Daytime Phone #

Pg. 2 @
730757

November 21, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement (Corp)
Martin/St. Lucie Chapter S.P.E.B.S.Q.S.A., Inc.
REI 65-0437461

Gentlemen:

Please find enclosed Reinstatement Form completed as required for the subject and a check No. 1364 dated 11-20-2000, in the amount of \$ 61.25 (filing fee).

Please reinstate the subject non-profit corporation to an active status. Also note the change of Registered Agent. The former designated Agent was terminally ill, and passed-away in the year 1999, thus incurring a lapse in the duties for the subject corporation.

If additional information is required, please advise.

Yours very truly,



George Schoener
1904 N.E. Avenida Dracaena
Jensen Beach, FL 34957
Pho. (561) 232-1192
E/mail: BIGGYOB @ cs.com