PLEASE READ	ALL INSTRUCTIONS BEFORE COM	MPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	•
REINSTATEMENT 73533	DIVISION OF CORPORATIONS	FILED
1. Corporation Name		98 DEC 17 AM 10: 34
THE EASY DOES IT CLUB OF	PORT CHARLOTTE, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 21202 OLEAN BLVD.	Mailing Address 21202 OLEAN BLVD.	
SUITE 5 PT CHARLOTTE FL 33952 If above addresses are incorrect in any way, line thr		TEMENT 28
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 4.	Date Incorporated or Qualified To Do Business in Florida 03/18/1976
Suite Apt #, et & BOV E City & State	Suite, Apa#, etc. ABOUE 5.	FEI Number Applied For Not Applied Solution Not Applied For No
Zip Country	Zip Country 6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Title(s) Name of Officers and/or Directors	or Director (Florida nonprofit corporations must list at least 3 of Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number	<u> </u>
P - FINNERTY, BRIAN WFB (5		PT CHARLOTTE FL 33981
V DONOVAN. ED. REPERCE	ED 5485 DAMB BLVD. OLEAN	PORT CHARLOTTE FL 33981
T SETLIFFE, JOHN W. REPLACED HANN MEEHAN AVE. MA UGHUS OU 2 12020 EAUPL PORT CHARLOTTE FL 33981 33952		
S CAPECE, FRANK REPL	A.C.E.D. 21-TROPICANA BR.	DUNTA CORDA EL 22050 3395
D SCHMIDT, MARGUERITE	2134 ZERBY ST.	PT. CHARLOTTE FL 33 95 2
D LUPTON, JOSEPH	569 HIBISCUS RD.	HARBOR HEIGHTS FL 33983
8. Name and Address of Current KRAUSE, VAN 4244 JOSEPH ST PJ CHARLOTTE FL 33981 PO R7	Name	Name and Address of New Registered Agent 13,3,12,20,132-01076-086 Sox Number is Not Address (10,25) 2
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 REGISTERED AGEN MUST SIGN REGISTERED AGEN MUST SIGN REGISTERED AGEN MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information Yes) No Corporation (See other side for information Yes)		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICIAR OR DIRECTOR Date 29 Dayling Phone 1		