

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 11:34

DOCUMENT # 766134

1. Corporation Name
THE CLEARWATER COIN CLUB, INC.

200173447462
03729/10--01064--027 ***428.75

KS

REINSTATEMENT 04-10

2. Principal Office Address - No P.O. Box #
245 MAIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 1885

Suite, Apt. #, etc.

City & State
DUNEDIN, FL.

City & State
DUNEDIN, FL.

Zip Country
34698 USA

Zip Country
34698 USA

4. Date Incorporated or Qualified To Do Business in Florida 12-14-1982

5. FEI Number 59-2248112 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 PETER HICKEY
Street Address (P.O. Box Number is Not Acceptable) 1071 DONGAN RD.
Suite, Apt. #, Etc. # 1512
City LARGO, FL State FL Zip Code 33771

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Peter Hickey Date 3-23-10
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
PRES.	Edmund J. Nieto	3521 ATLANTIS DRIVE	HOLIDAY, FL. 34691
VICE PRES.	BOB KOCHER	149 REGINA DR. N.	LARGO, FL. 33770
TREAS.	FRANCIS X. PUTROW	2175 OAK GROVE DR.	CLEARWATER, FL. 33764
SECRETARY	MARY JANE CARROLL	5400 WILLIAMS BLVD.	SEMINOLE, FL. 33770

10. E-mail Address: FXPUTROW@AOL.COM TREASURER
(To be used for future annual report notification)

11. 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. I further certify 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: Edmund J. Nieto Date 3-23-10 727 482 4956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #