

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 DEC 19 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N01724**

1. Corporation Name
CLUB RICHELIEU LES COPINES, INC.

Principal Place of Business Mailing Address
2116 N. 14TH TERRACE **2116 N. 14TH TERRACE**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**



REINSTATEMENT

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

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

4. Date Incorporated or Qualified To Do Business in Florida **02/29/1984**
 5. FET Number **65-0060938** 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)

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
PD	MARTINE, HEINKEL	630 N.W. 38TH PL	PALM HARBOR FL
VP	GUERTIN, LISETTE	322 BUCHANAN ST APT 1201	HOLLYWOOD FL
S	HOLLIE, CELINE	2116 14TH TERR N	HOLLYWOOD FL
D	VEILLEUX, JEANNINE <i>VEILLEUX, JEANNINE</i>	2550 ADAMS ST	HOLLYWOOD FL
T	MASSON, JANINE	1446 HAYES	HOLLYWOOD FL
D	BOYER, LUCETTE	342 VAN BUREN 11	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOULE, CELINE D
2116 N. 14TH TERR.
HOLLYWOOD FL 33020

Name **800002381438-9**
 Street Address (P.O. Box Number is Not Acceptable) **12/23/97-01116-005**
 Suite, Apt. #, Etc. *****236.25 ***236.25**
 City State Zip Code
 FL

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 *Celine D Houle*
 REGISTERED AGENT MUST SIGN

Date **12/16/97**

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: *Martine Heinkel* 12/16/97 954-971-9689
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP9200 (9/97)