

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N04 214

1. Corporation Name

FLA CLERKS AND CHECKERS
Holding Corporation Local 1691

2. Principal Office Address

P.O. Box 2055

Suite, Apt. #, etc.

City & State

TAMPA FLA

Zip

33601-2055

Country

Hills

3. Mailing Office Address

P.O. Box 2055

Suite, Apt. #, etc.

City & State

TAMPA FLA

Zip

33601-2055

Country

Hills

REINSTATEMENT 90-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 17 1984

5. FEI Number

59-6151266

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

DONALD BLALOCK

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

1819 TARAH TRACE

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33510-2067

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

Donald Blalock

Date

05-05-2006

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	DONALD BLALOCK	1819 TARAH TRACE	BRANDON FLA 33510
VICE PRES	GARY JOHN BOWMER	14902 15 STREET	LUTZ FLA 33548
FINANCIAL SEC	GARY DEUREND	2906 SAN NICHOLAS	TAMPA, FLA 33629
RECORD SEC	STEVE BRANNEN	7948 WEST DRIVE	WESTLY CAPEL FLA 33544
		BRZ/22	

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 contained in Chapter 119, 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:

Donald Blalock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-05-2006

Date

813-786-4010

Daytime Phone #