

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 26 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N15136**

1. Corporation Name

SABERS SOCIAL CLUB, INC.

Principal Place of Business

508 WEST GREGORY ST
PENSACOLA FL 32501-0843

Mailing Address

508 WEST GREGORY ST
PENSACOLA FL 32501-0843

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

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1002027

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT

9600

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	REAVES, WILIE	1045 EAST FISHER ST.	PENSACOLA FL
PD	LAMBERT, WALTER	3906 WEST MAXWELL ST	PENSACOLA, FL 32506
SD	GAMBLELL, LEROY, JR.	1271 NORTH 1st ST.	PENSACOLA FL
SD	PALMER, LANGSTON, SR.	6179 RINGGOLD CIRCLE	PENSACOLA FL
TD	HOUSE, LEWIS, JR. SANDERS, DELORIS	1801 E. LEONARD ST. 206 North Coyle St.	PENSACOLA FL Pensacola, FL 32511

400002017324-7
-12/03/96--01022--005
236.25 236.25

8. Name and Address of Current Registered Agent

PALMER, LANGSTON
6179 RINGGOLD CIRCLE
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Langston Palmer
REGISTERED AGENT MUST SIGN

Date

11/22/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(ii), 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:

Walter Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

Date

11/23/96 904-405-2864
Daytime Phone #

CR32000 (7/95)