

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 11 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/07/00--01066--012  
\*\*\*\*758.75 \*\*\*\*758.75

DOCUMENT # P99000001895

1. Corporation Name

Birch 9, Inc.

Principal Place of Business

Mailing Address

2882 Northeast 14th St.  
Pompano Beach, Fl. 33062

2882 Northeast 14th St.  
Pompano Beach, Fl. 33062

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

2. New Principal Office Address, If Applicable  
2900 NE 9th Street

3. New Mailing Office Address, If Applicable  
2900 NE 9th Street

4. Date Incorporated or Qualified To Do Business in Florida

01/07/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-0891269

Not Applicable

City & State

City & State

Ft. Lauderdale, Florida

Ft. Lauderdale, Florida

Zip

Country

Zip

Country

33304

Broward

33304

Broward

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
P	George Green	2900 NE 9th Street	Ft. Lauderdale, Fl. 33304
Vp	Daniel J. Martincak	2900 NE 9th Street	Ft. Lauderdale, FL. 33304

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F. Ronald Mastriana  
1500 N. Federal Highway  
Suite 200  
Ft. Lauderdale, Florida 33304

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 607.0505, F.S.

Signature of Registered Agent

Date 10/10/00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

DANIEL J. MARTINCAK  
LE CLUB INT'L L.L.C.  
TITLE, MEMBER

Date

Daytime Phone #

10/10/00 (954) 567-4575