

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED 3 25
00 FEB 28 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 385950

1. Corporation Name

EVERGLADES ATHLETIC CLUB, INC.

2. Principal Office Address

72 S E Ave E

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country
Palm Beach

3. Mailing Office Address

P.O. Box 317

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip
33430

Country
Palm Beach

REINSTATEMENT

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

July 26, 1971

5. FEI Number

59-1429118

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

Curtis A. Thompson, Jr.

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

72 S E Ave E

Suite, Apt. #, Etc.

City

Belle Glade,

State
FL

Zip Code
33430

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

Curtis A. Thompson, Jr.
REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PD	Curtis Thompson, Jr	72 S E Ave E	Belle Glade, FL 33430
VPD	Horace Harris	St. Rd. 715	Belle Glade, FL 33430
TD	Robert Hooker	1755 W Canal St.N	Belle Glade, FL 33430
SD	Larry Royal	216 N W Ave E	Belle Glade, FL 33430
D	Ernie McCroan	134 Royal Palm Way	Belle Glade, FL 33430
D	Gene Duff	227 N W Ave L	Belle Glade, FL 33430

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 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:

Curtis A. Thompson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE