

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 703166

1. Corporation Name

Glades County Fish and Game Club

Principal Place of Business

Post Office Box 426  
Moore Haven, FL 33471

Mailing Address

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-02204 53

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

88-98  
00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Tommy Toms	300 Ave O	Moore Haven, FL 33471
V	Dennis Griffin	1115 Foxmoor St.	Moore Haven, FL 33471
S/T	Norman Hughes	370 Park Ave E.S.E.	Moore Haven, FL 33471
D	Harry Zeigler	2020 Old Lake Port Road, Lot 3	Moore Haven, FL 33471
D	Johnny Stewart	340 Old North River Road	LaBelle, FL 33935
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Steven A. Ramunni, Esquire

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

150 South Main Street

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

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

REGISTERED AGENT MUST SIGN

Date

5/1/98

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/98

Daytime Phone #

941 946 1525

CR2E040 (12/96)