

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 31 PM 12:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704631

1. Corporation Name

PYRAMID CLUB, INC.

Principal Place of Business

695 CORNELIA CT
ORLANDO FL 32811

Mailing Address

VALAIDA HENDERSON
695 CORNELIA CT
ORLANDO FL 32811

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

10/09/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

23-7218179

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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	4 City / State / Zip
T	SHEPHARD, DELORES	3510 HAGE WAY	ORLANDO FL 32805
P	HENDERSON, VALAIDA	695 CORNELIA CT	ORLANDO FL 32811
SD	TURNAGE, CAROLYN	4444 S RIO GRANDE 320 D	ORLANDO FL 32839
VP	TURNER, ELIZABETH	4186 GAITHER STREET	ORLANDO FL 32811
D	BUTLER, MABLE	1320 MABLE BUTLER BLVD	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

WOOLFORK, NORRIS
305 S PARRAMORE AVE
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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.

VALAIDA HENDERSON

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/03 (407) 2992687

CR2E040 (8/02)