

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713530

1. Corporation Name

COLUMBUS CLUB OF SANFORD, INCORPORATED

2. Principal Office Address - No P.O. Box #

2504 OAK AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 472

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32772-0472

Country

USA

Zip

32772-0472

Country

USA

300184703663
08/25/10--01028--006 **297.50

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1967

5. FEI Number
59-6481768

☐ 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

ROBERT V TOLLE

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

2113 SHADY LANE

Suite, Apt. #, Etc.

City

GENEVA

State

FL

Zip Code

32732

B 8/25/10
09-10
REINSTATEMENT

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

R. V. Tolle

Date

8/17/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
P	ROBERT V TOLLE	2113 SHADY LANE	GENEVA FL 32732
VP	JAMES J PAULSON	898 MANGO DRIVE	CASSELBERRY FL 32707
SEC	JOSEPH M KOROPSAK	126 LEA ROAD	LONGWOOD FL, 32750
TREA	VICTOR E PEREZ	35519 JOHNS LANE	EUSTIS FL 32736
DIR	BRIAN A PUNG	1518 REDWOOD GROVE TER	LAKE MARY FL 32746
DIR	JACK E HOLT	5280 MICHAGAN AVE	SANFORD FL 32771

10. E-mail Address: rick@hmr CPA.net

(To be used for future annual report notification)

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, I further certify 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:

Robert Tolle

8/17/10

321-441-5407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #