

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 12: 56

DOCUMENT # 715327

1. Corporation Name

POLK COUNTY SILENT CLUB, INC.

Principal Place of Business

Mailing Address

120 9TH ST
ELOSIE FL 33880

P.O. BOX 425
EAGLE LAKE FL 33839



REINSTATEMENT

00

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

09/30/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6140271

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	KALIS, BOB	66 PEDALERS POND	LK WHALES FL 33853
PD	JENKINS, MICHAEL	120 9TH ST.	ELOSIE FL 33800
VPD	HOGGE, JON	PO BOX 1211	WINTER HAVEN FL

100003514961--5

-12/28/00--01006--021

****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTOX, RAY
313 W CENTRAL AVE
WINTER HAVEN FL 33880

Name

SAME

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

689 LK. HOWARD DR. N.W.

Suite, Apt. #, Etc.

1B

City

SAME

State

Zip Code

FL

SAME

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

Ray Mattox
REGISTERED AGENT MUST SIGN

Date 12-5-2000

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #