

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008699483
10/30/02--01072--002 **61.25

DOCUMENT # 719950

1. Corporation Name

THE HEMISPHERES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

C/O DOROTHY ROSS
1985 S. OCEAN DR 5N
HALLANDALE FL 33009

C/O DOROTHY ROSS
1985 S. OCEAN DR 5N
HALLANDALE FL 33009

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1970

5. FEI Number

23-7313568

Applied For

Not Applicable

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
PD	ROSS, DOROTHY	1985 S. OCEAN DR., APT 5N	HALLANDALE FL 33009
VD	GOLDMAN, HAROLD Singer, Herb	1980 S. OCEAN DR. APT 21E 1950 S Ocean Drive 16B	HALLANDALE FL 33009
VDVP	FRANK, BELLE	1950 S OCEAN DR #12E	HALLANDALE FL 33009
VD	LEITSTEIN, JEANNE	1950 S OCEAN DR 17-E	HALLANDALE FL 33009
TD	SINGER, EVE	1980 S. OCEAN DRIVE, APT. 16B 1950 S Ocean Drive Apt 16B	HALLANDALE FL 33009
SD	KAUFMANN, EDYTHE	1980 S OCEAN DR APT 20F	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, DOROTHY
1985 SOUTH OCEAN DRIVE
APT # 5N
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

Dorothy Ross
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *Oct. 29, 2002*

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:

Herb Singer
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

102942 954 451 4084

**THE HEMISPHERES SOCIAL CLUB, INC.
1950 SOUTH OCEAN DRIVE
APT. 16B
HALLANDALE BEACH FL. 33009
954 457 4084**

DIVISION OF CORPORATIONS

ANNUAL REPORT/REINSTATEMENT SECTION

RE: WAIVING OF REINSTATEMENT FEE

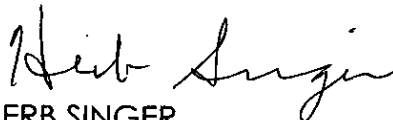
TO WHOM IT MAY CONCERN,

THE PRIOR UBR NOTICES WERE NOT RECEIVED. THE CLUB HEREBY REQUESTS THAT THE REINSTATEMENT FEE BE WAIVED. ENCLOSED IS OUR CHECK # 3051 IN THE AMOUNT OF \$61.25 TO PAY THE ANNUAL REPORT FEE.

WE THANK YOU FOR YOUR HELP AND COOPERATION IN THIS MATTER. PLEASE FEEL FREE TO CONTACT US AT THE ADDRESS AND/OR TELEPHONE NUMBER ABOVE IF THERE IS ANYTHING FURTHER WE MUST DO TO RESOLVE THIS MATTER.

VERY TRULY YOURS.

HEMISPHERES SOCIAL CLUB


HERB SINGER

VICE PRESIDENT

10/29/02