PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 25 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720128

1. Corporation Name

Normandy Businessmen's Club, Inc.

Principal Place of Business	Mailing Address
1971-69 71st Street Miami Beach, FL 33141	420 Lincoln Road #240 Miami Beach, FL 33139

REINSTATEMENT 93-619-

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
1971-69 71st Street	420 Lincoln Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. #240
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33141 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/25/71

5. FEI Number: 59-2589423 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Steve Polisar	420 Lincoln Rd #240	Miami Beach, FL 33139
S/D	Max Polisar	2000 Towerside Terr #1504 Miami, FL 33158	Miami, FL 33158
T/D	Michael Lubin	420 Lincoln Road #240	Miami Beach, FL 33139

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8. Name and Address of Current Registered Agent

Steve Polisar
420 Lincoln Road #240
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name: Steve Polisar
Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Road
Suite, Apt. #, Etc: #240
City: Miami Beach State: FL Zip Code: 33139

CR2E081 (12/96)

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: Steve Polisar
REGISTERED AGENT MUST SIGN
Date: 3-24-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Steve Polisar STEVE POLISAR P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99 Date (305) 531-8400 Daytime Phone #