

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721860

1. Corporation Name

Dover Civic Club, Inc.

2. Principal Office Address

2820 Gallagher Rd

Suite, Apt. #, etc.

City & State

Dover, FL

Zip
33527

Country
USA

3. Mailing Office Address

PO Box 702

Suite, Apt. #, etc.

City & State

Dover, FL

Zip
33527

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEI Number

59-1914137

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

Reese McClelland

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

4013 Gallagher Road

Suite, Apt. #, Etc.

City

Dover

State
FL

Zip Code
33527

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

Reese M. McClelland President
REGISTERED AGENT MUST SIGN

Date 3-10-06

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	W. Reese McClelland	4013 Gallagher Road	Dover, FL 33527
V	Donnie Maxwell	13935 Gavin Road	Dover, FL 33527
S	Sharon Tillman	2806 Dad Weldon Road	Dover, FL 33527
T	Betty Meek	3515 McIntosh Road	Dover, FL 33527
D	Dale Gertz	3417 Paso Fino Lane	Dover, FL 33527
D	Wesley Gallagher	13210 Lewis Gallagher Road	Dover, FL 33527

10. 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 contained in Chapter 119, 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:

Reese M. McClelland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/06

Date

(813) 376-5180

Daytime Phone #

President & Director