

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 722272

1. Corporation Name

BEACHES SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 51244
P.O.BOX 51244
JACKSONVILLE BEACH FL 32240

P O BOX 51244
P.O.BOX 51244
JACKSONVILLE BEACH FL 32240

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1971

5. FEI Number

23-7176711

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HILL, J T	510 BAY ST.	NEPTUNE BEACH FL 32266
SD	AIMONE, JIM JOHN AIMONE	605 AIA NO 67E 00 13201 Carribuck Dr N.	PO BOX 51244 FL 32240 Jacksonville, FL 32225
TD	FLEMING, HUBERT W Wm. C. Womble Jr	1231 N 8TH ST 1221 1st St. So. #10A JAX. BEACH, FL. 32260	JACKSONVILLE FL
			000003168940--6 -11/17/00--01073--016 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

FLEMING, HUBERT W
1001 N 8TH ST
JACKSONVILLE FL 32250

9. Name and Address of New Registered Agent

Wm. C. Womble, Jr
Street Address (P.O. Box Number is Not Acceptable)
1221 1st St. So. #10A
Suite, Apt. #, Etc.
JACKSONVILLE BEACH
City
State FL Zip Code FL

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

Womble, Jr
REGISTERED AGENT MUST SIGN

Date

10/27/00 32250

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, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/00

Daytime Phone #

KE