

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725357

1. Corporation Name

CARVON Men Club Inc W87-7003

Principal Place of Business

Mailing Address

4834 18th Avenue South  
ST. PETERSBURG, Florida 33711

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

January 23, 1983

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Go 75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Lincoln Morehead	4110 31st Street South	St. PETERSBURG, FLA. 33712
Vice President	Carl East, Jr.	201 40th Street South	St. Petersburg, Fla. 33711
Treasurer	Peter Lowen	2306 26th Avenue South	St. Petersburg, Fla 33712

300002192733--7  
-05/28/97--01020--011  
\*\*\*\*428.75 \*\*\*\*428.75

8. Name and Address of Current Registered Agent

Lincoln Morehead  
4110 31st Street South  
ST. PETERSBURG, FLA. 33712

9. Name and Address of New Registered Agent

Name Lincoln Morehead  
Street Address (P.O. Box Number is Not Acceptable) 4110 31st Street South  
Suite, Apt. #, Etc.  
City St. Petersburg State FL Zip Code 33712

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: Lincoln Morehead  
REGISTERED AGENT MUST SIGN

Date 3-24-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Lincoln Morehead  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-24-97 864-3081  
Daytime Phone #

CR2040 (12/96)