

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00

DOCUMENT # 729342

1. Corporation Name

CLUB CAREFREE, 18 YEARS & OVER, INC.

Principal Place of Business

Mailing Address

7031-42ND TERRACE NORTH  
PALM LAKE ESTATES SOUTH  
RIVIERA BEACH FL 33404

7272 42ND WAY  
PALM LAKE ESTATES SOUTH  
RIVIERA BEACH FL 33404  
US

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

04/11/1974

5. FEI Number

53-2385205

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
SD	OGDEN, RUTH	4167 69TH LN	RIVIERA BCH FL 33404
TD	SAWYER, NITA Dead	4356 71ST ROAD N.	RIVIERA BCH FL 33404
VPD	TOUSLEY, WINFRED	4375 70TH RD N	RIVIERA BCH FL 33404
PD	RUCCI, SAMUEL	6829 41ST DR	RIVIERA BCH FL 33404

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. YVES, ALFRED  
% PALM LAKE COOPERATIVE, INC.  
72272 42ND WAY N.  
RIVIERA BEACH FL 33404

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR3E040 (8/01)

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

Winfred Tousley

REGISTERED AGENT MUST SIGN

Date 12-5-2001

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #