

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731406

1. Corporation Name *Two-Eleven Club, Inc.*

WUO-3089

700003171857--3
-03/16/00--01003--024
****367.50 ****367.50

2. Principal Office Address

18 Avenue B

Suite, Apt. #, etc.

Suite 1

City & State

Melbourne FL

Zip
32901

Country

USA

3. Mailing Office Address

18 Avenue B

Suite, Apt. #, etc.

Suite 1

City & State

Melbourne FL

Zip
32901

Country

USA

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1974

5. FEI Number

23-7453725

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

Cecelia M. Miles

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

5090 N Harbor City Blvd

Suite, Apt. #, Etc.

#23

City

Melbourne

State
FL

Zip Code

32940

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

Cecelia M. Miles

REGISTERED AGENT MUST SIGN

Date *1-30-2000*

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
<i>Chairperson</i>	<i>Cecelia M Miles</i>	<i>5090 N Harbor City Blvd</i> <i>Melbourne FL</i>	<i>Melbourne FL</i> <i>32940</i>
<i>Treasurer</i>	<i>Terry Herron</i>	<i>1046 Dallam Ave NW</i>	<i>Palm Bay, FL 32907</i>
<i>Secretary</i>	<i>Larry A Platt</i>	<i>2601 Diplomat Drive</i>	<i>Melbourne FL 32901</i>
<i>T</i>	<i>William Robinson</i>	<i>2965 Pospisil Ave NE</i>	<i>Palm Bay, FL 32905</i>

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 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:

CECELIA M. MILES
Cecelia M. Miles Chairperson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-2000

Daytime Phone #

(321)
7570973

CR2E081 (9/99)