

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN -5 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

733868
YOUNG MEN'S PROGRESSIVE CLUB #2, Inc.

2. Principal Office Address

105 N.W. 11TH Ave

Suite, Apt. #, etc.

City & State

DELRAY Bch, FL

Zip

Country

33444 USA

3. Mailing Office Address

105 NW 11TH Ave

Suite, Apt. #, etc.

City & State

DELRAY Bch, FL

Zip

Country

33444 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1981

5. FEI Number

59-1729603

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

ALFRED STAGN

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

26 S.W. 5TH Ave

Suite, Apt. #, Etc.

City

DeLray Bch

State

FL

Zip-Code

33444

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

Alfred Stagn
REGISTERED AGENT MUST SIGN

Date May 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
P/D	DAVID E. RANDOLPH	105 N.W. 11TH Ave	DELRAY Bch, FL 33444
V/D	ALFRED STAGN	26 S.W. 5TH Ave	DeLray Bch, FL 33444
T/D	JEROME GNOLSTON	1438 S.W. 2nd ST	DeLray Bch, FL 33444
S/D	JAMES E. ROPEZ	710 S.W. 4TH Ave	DeLray Bch, FL 33444

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:

David E. Randolph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2000

Date

Daytime Phone #

480-1188