

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

02 JAN 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739101

1. Corporation Name

Perry Men's Club, INC.

2. Principal Office Address

1051 South Warner St
Suite, Apt. #, etc.

3. Mailing Office Address

103 Worley Way
Suite, Apt. #, etc.

City & State

Perry FL

City & State

Perry, FL

Zip

32347

Country

Taylor

Zip

32347

Country

Taylor

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/19/1977

5. FEI Number

592677853

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

David Lee Williams

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

103 Worley Way
Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32347

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**

David L. Williams

Date 1/17/02

REGISTERED AGENT MUST SIGN

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
PD	David L. Williams	103 Worley Way	Perry, FL 32347
VPD	Norman Wells	704 West Union St	Perry, FL 32347
VPD	Thomas Demps	213 West Walnut	Perry, FL 32347

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 L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/02

Daytime Phone #

CR2E081 (9/01)