

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739528**

1. Corporation Name

FORT WALTON BEACH SHRINE CLUB BUILDING ASSOCIATION

2. Principal Office Address - No P.O. Box #

227 CAROL AVE NW

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX #1

Suite, Apt. #, etc.

City & State

FT WALTON BCH, FL

City & State

FT WALTON BCH, FL

Zip

32548

Country

USA

Zip

32549

Country

USA

7. Name and Address of Current Registered Agent

Name

BRUCE C. BREGE JR

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

9 FAWN LANE

Suite, Apt. #, Etc.

City

SHALIMAR

State

FL

Zip Code

32579

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

*Bruce C. Brege Jr*

REGISTERED AGENT MUST SIGN

Date 15 JAN 2010

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
DP	DAVID MITTLER	601 COLONIAL DR	FT WALTON BCH, FL 32579
DV	JAMES WILLIAMS	3407 HWY 87	NAVARRE, FL 32566
DS	BRUCE C BREGE JR	9 FAWN LANE	SHALIMAR, FL 32579
DT	GEORGE IRELAND	717 MCKINNEY ST	NICEVILLE, FL 32578
D	CARL CHASTAIN	9859 MARY ANNE DR	NAVARRE, FL 32566
D	CLARENCE STEWARD	4 BUCKINGHAM WAY	SHALIMAR, FL 32579

10. E-mail Address: PRESIDENT@FWBSC.GCCOXMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

*Bruce C. Brege Jr*

BRUCE C BREGE JR

15 JAN 2010 850-428-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 19 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900166586699  
01/19/10--01033--010 \*\*787.50

REINSTATEMENT 0(-10)

4. Date Incorporated or Qualified  
To Do Business in Florida JUNE 30, 1977

5. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.