

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743419

1. Corporation Name

St. Lucie County Rock & Gem Club, Inc

2. Principal Office Address

6901 Heritage Dr #13

Suite, Apt. #, etc.

#13

City & State

Pt. St. Lucie FL

Zip

34952

Country

St. Lucie

3. Mailing Office Address

6901 Heritage Dr

Suite, Apt. #, etc.

#13

City & State

Pt. St. Lucie FL

Zip

34952

Country

St. Lucie

4. Date Incorporated or Qualified  
To Do Business in Florida

6/28/78

5. FEI Number

959-1851088

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

Meri Jo Theobald

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

3100 NE HEATHER CT

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

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

Meri Jo Theobald

Date

9/25/06

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
PRES	NORMAN HOLBERT	455 SW BALFOUR AVE	Port St. Lucie FL 34953
V.P.	HANNAH L. POLLACK	165 SW TODD AVE.	Port St. Lucie, FL 34987
Tres.	Linda LeMieux	175 U-Vista Ct	Fort Pierce, FL 34947
Sec	Meri Jo Theobald	3100 NE HEATHER CT	Jensen Bch FL 34957

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 filling 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 contained in Chapter 119, 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:

Meri Jo Theobald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/06 772-334-5346

Daytime Phone #

St. Lucie Co. Rock and Gem Club  
6901 Heritage Drive  
Pt. St. Lucie, FL 32952

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern,

Per my telephone conversation with Deborah, I was told to attach this note to our reinstatement application.

We did not receive our annual report notice and are requesting that the reinstatement fee is waived.

Enclosed is the necessary funds to cover the 2005 and 2006 non-profit status fees.

Thank you for your time.

Sincerely,

Meri Jo Theobald  
Secretary