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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 SEP 14 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # 744349

1. Corporation Name
Florida Municipal Bond Club, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4162 Haws Ln		4162 Haws Ln	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32814	Country: USA	Zip: 32814	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/22/1978

5. FEI Number: 59-1960669 ☐ 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: Chad Seiler

Street Address (P.O. Box Number is Not Acceptable): 4162 Haws Ln

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32814

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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: [signature] Date: 8/30/17

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
P/D	Wilkes Coleman	2873 La Concha Drive	Clearwater, FL 33762
T/D	Chad Seiler	4162 Haws Lane	Orlando, FL 32814
S/D	Jacob Sammons	345 N. Lasalle #1502	Chicago, IL 60654
	Please see attached for remaining officers		

10. E-mail Address: chad_Seiler@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 8/30/17 407.810.6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Title	First Name	Last Name	Address	City
D	Adrianna	Ruwell	1475 Lake Shadow Circle #6306	Maitland, FL 32751
D	Ryan	Cox	200 2nd Avenue South #223	St. Petersburg, FL 33701
D	Ray	Madden	911 Greentree Drive	Winter Park, FL 32789
D	Bjorn	Erickson	7515 18th Street NE	St. Petersburg, FL 33702
D	Madison	Jones	144 Pennock Trace Drive	Jupiter, FL 33458
D	Conor	O'Grady	8088 Fire Opal Lane	Delray Beach, FL 33446
D	Jon	Griffith	602 DeSoto Drive	Tierra Verde, FL 33715
D	Chuck	Cavalier	511 SE 5th Avenue #909	Ft. Lauderdale, FL 33301
D	Nate	Dopking	630 S. Sapodilla Avenue #220	West Palm Beach, FL 33401