

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # 755437

1. Corporation Name

VERO BEACH QUARTERBACK CLUB, INC.

Principal Place of Business

P.O. BOX 2932
VERO BEACH FL 32961

Mailing Address

P.O. BOX 2932
VERO BEACH FL 32961

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1980

5. FEI Number

59-2475299

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KOEHLER, KIRK	5701 GLEN EAGLE DR.	VERO BEACH FL
D	CAPECE, PETER	405 11TH COURT	VERO BEACH FL
VD	WONDERLY, GEORGE	475 SE 12TH PLACE	VERO BEACH FL
D	OESS, JOSEPH M	631 CYPRESS ROAD	VERO BEACH FL 32963
TD	FINNERTY, T.J.	2345 89TH AVE.	VERO BEACH FL 32968
			500004588555-48 -09/14/01--01043--010 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

FINNERTY, T.J.
2345 89TH AVE
VERO BEACH FL 32968

NEW

9. Name and Address of New Registered Agent

Name

KIRK W. KOEHLER

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

5701 GLEN EAGLE LANE

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8/30/01

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01

Date

562-562-0019

Daytime Phone #

FILED

01 SEP -4 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (600)