

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759999

1. Corporation Name

RAVENSWOOD COMMUNITY CLUB, INC.

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*****61.25 *****61.25

Principal Place of Business

Mailing Address

2121 SW 53RD CT
FT. LAUDERDALE FL 33312
US

3020 SW 51ST ST
FT. LAUDERDALE FL 33312
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale FL.

Zip

Country

Zip

Country

33312 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1981

5. FEI Number

NOT APPLICABLE

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	MARINO, ELSIE	5230 S.W. 25TH TERRACE	FT. LAUDERDALE FL 33312
TD	WENTROBLE, GRACE Delete	3020 SW 51ST ST.	FT. LAUDERDALE FL
SD	MCGUIRE, MARIAN	2401 S.W. 53RD ST.	FT LAUDERDALE FL 33312
D	MELVIN, BARBARA	5211 S.W. 29TH TERRACE	FT. LAUDERDALE FL 33312
D	GERRY, PITCHER	2201 S.W. 52ND ST.	FT. LAUDERDALE FL 33312 SP
TD	JOYCE DESILETS	5205 SW 29 Terrace	Ft. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WENTROBLE, GRACE
3020 S.W. 51ST ST.
FT. LAUDERDALE FL 33312

Delete

Name

BARBARA MELVIN

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

5211 SW 29TH TERRACE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

Barbara Melvin

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

JOYCE DESILETS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

954-986-4446

Daytime Phone #

CR2040 (601)

292

October 16, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document #759999

Enclosed please find our Application for Reinstatement and our check for \$61.25. We failed to receive our First Notice for the Annual Report because our Registered Agent moved and resigned her position with our organization.

----- Please reinstate our Not-for-profit status and authority to transact business as soon as possible. -----

Thank you,

Barbara Melvin