

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 17 PM 1:39

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760525

1. Corporation Name
Square One Club Association, Inc

2. Principal Office Address #103
615 Cape Coral Pkwy W
Suite, Apt. #, etc.

3. Mailing Office Address #103
615 Cape Coral Pkwy W
Suite, Apt. #, etc.

City & State
Cape Coral, FL
Zip 33914 Country LEE

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REINSTATEMENT

CR2E081 (12/05) 1989-2006

4. Date Incorporated or Qualified To Do Business in Florida 10-21-1981

5. FEI Number 59-2587690 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 Susan Kase
Street Address (P.O. Box Number is Not Acceptable) 615 Cape Coral Pkwy W
Suite, Apt. #, Etc. Ste 103
City Cape Coral, State FL Zip Code 33914

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 x Susan Kase Date 8/11/06
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	Bernard Newsome	4514 SW 8th PL #12	Cape Coral, FL 33914
V.D	Marla Ogdon	4424 SW 8th PL #15	Cape Coral, FL 33914
STD	Ralph A Richardson	Box 2849	Bonita Springs, FL 34133

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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 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 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: [Signature] 8/11/06 (239) 542-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell AUG 17 2006