

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762316

1. Corporation Name

A CLUB OF PASCO COUNTY, INC.

REINSTATEMENT 03-05

2. Principal Office Address

5650 MISSOURI AV

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 520

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

U.S.A.

CR2E081 (8/05)

T. Roberts OCT 11 2005

4. Date Incorporated or Qualified
To Do Business in Florida

03-08-82

5. FEI Number

59-2105549

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

VINCENT BOARD

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

8422 ANAY CT.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY, FL.

State

FL

Zip Code

34653

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

Vincent Board

REGISTERED AGENT MUST SIGN

Date

09-28-05

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.	VINCENT BOARD	8422 ANAY COURT	NEW PORT RICHEY, FL 34653
V-P	JOSEPH HUDSON	6531 GREEN ACRES BLVD	NEW PORT RICHEY, FL 34655
TRANS.	THOMAS CADDIGAN	9143 HAWKINS COURT	NEW PORT RICHEY, FL 34655
SECY	MARILYN MCMAHON	7151-4 DELL RD	NEW PORT RICHEY, FL 34653
MEM	JOHN COOKNEY	7137 OAKLEY AVE	HUDSON, FL. 34667
MEM	MICHAEL FIORESE	5852 SEA FOREST DR. APT - 413	NEW PORT RICHEY, FL 34652

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 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

Vincent Board
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/05

Date

7275345646

Daytime Phone #