

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 17 AM 8:31

DOCUMENT # **765353**

1. Corporation Name

The Florida Press Club, Inc.

2. Principal Office Address

4890 Post Pointe Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34233

Country

USA

3. Mailing Office Address

4890 Post Pointe Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34233

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1982

5. FFL Number

30-0122410

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

George J McGinn III

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

4890 Post Pointe Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

Date

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	George J. McGinn III	4890 Post Pointe Drive	Sarasota, Florida, 34233
V	Stephanie Slater	2751 S. Dixie Highway	West Palm Beach, FL, 33405
T	Megan Shannon	1043 South Hiawasse Road	Orlando, FL 32835
D	Jennifer Cason	100 Bent Tree Drive	Daytona Beach, FL 32114
D	Dianna Smith	2751 S. Dixie Highway	West Palm Beach, FL, 33405
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE J MCGINN III 10/12/06 (941) 429-3000