

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 11:18

REINSTATEMENT
 TALLAHASSEE, FLORIDA

DOCUMENT # **767118**

1. Corporation Name
CENTURIAN CLUB, INC.

Principal Place of Business Mailing Address
6523 MANHATTAN DR JACKSONVILLE FL 32219 US
P.O. BOX 9335 JACKSONVILLE FL 32208 US
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-03
 12/26/02--01015--002 **\$1.25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable P.O. BOX 9935		4. Date Incorporated or Qualified To Do Business in Florida 02/22/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2364045	
City & State		City & State JACKSONVILLE FL 32208		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
			US		

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	BROWN, HARLEY WILLIE MIKEE JR	4927 ROCHDALE RD 6443 MANHATTAN DR	JACKSONVILLE FL 32208 32219
VD	TROTTER LUCILLE B HARRISON, VERNICE	6564 UTSEY RD 3105 CLYDE DR	JACKSONVILLE FL 32219 32208
SD	WILLIS, LENORA BAKTON ESTHER	2145 W. BARRY DR 6618 MANHATTAN DR	JACKSONVILLE FL 32208 32219
TD	MIKEL, MARVA TROTTER LUCILLE	6443 MANHATTAN DR 6564 UTSEY RD	JACKSONVILLE FL 32208 32219
FSD	HARRISON, VERNICE ELPS CLAUDETTE	3105 CLYDE DR 2737 SUNKY ACRES DR	JACKSONVILLE FL 32208 32209
MD	WILLIS, LENORA	2145 W. BARRY DR	JACKSONVILLE FL 32208

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOORE, VIVIAN 6523 MANHATTAN DRIVE JACKSONVILLE FL 32219		Name Marva J. Mikel Street Address (P.O. Box Number is Not Acceptable) 6443 Manhattan Dr Suite, Apt. #, Etc. Jacksonville FL City State Zip Code FL 32219	

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. or 617.0505, F.S.

Signature of Registered Agent *Marva J. Mikel* **SIGNATURE REQUIRED** Date 12-21-02
 REGISTERED AGENT MUST SIGN

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: *Willie Mikee Jr* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 12-20-02 Daytime Phone # 904-764-3341

CR2E040 (8/02)