

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -7 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

769219

1. Corporation Name

Bulldog Club of South Florida, Inc.

W-16354

2. Principal Office Address

105 NE 28 CT

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Zip

33334

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/83

5. FEI Number

59-2354815

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

DATE Mihalko Gus Sinibaldi

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

2533 NE 35 dr. 105 NE 28 COURT

Suite, Apt. #, Etc.

Fort Lauderdale

State
FL

Zip Code

33334
33308

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

REGISTERED AGENT MUST SIGN

Date

6/18/00

6/12/00

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
T/D	Gus C Sinibaldi	105 NE 28 CT	Wilton Manors, FL 33334
P/D	Joyce Anderson	5241 SW 4 ST.	Plantation, FL 33317
S/D	Herb Ginsberg	3189 Westminister dr	Boca Raton, FL 33496
V/D	Kristen Kent	4756 NW 114 Ln.	Coral Springs, FL 33071

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)(l), 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:

Gus C Sinibaldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gus C Sinibaldi

Date

6/12/00 954-776-3468

Daytime Phone #