

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JAN -2 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97273

1. Corporation Name

Club Park Ave., Inc

2. Principal Office Address

650 W. Gaines

Suite, Apt. #, etc.

City & State

TALL, FL 32301

Zip

Country

USA

3. Mailing Office Address

1597 Old Fort DR.

Suite, Apt. #, etc.

City & State

TALL FL 32301

Zip

Country

USA

REINSTATEMENT 0-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/1982

5. FEI Number

59-2285634

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

Todd Land

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

300 S. ADAMS

Suite, Apt. #, Etc.

City

TALL

State
FL

Zip Code

32301

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

Todd Land
REGISTERED AGENT MUST SIGN

Date

2 Jan 02

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	Jeffery Thomas	1597 Old Fort DR.	TALL FL 32301
VPs	Todd Land	1597 Old Fort DR.	TALL FL 32301

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***900.00 ***900.00

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/02/02

Daytime Phone #

CR2E081 (9/00)