

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 93229**

1. Corporation Name

FLORIDIAN CLUB ESTATES, INC.

2. Principal Office Address

P.O. BOX 206

Suite, Apt. #, etc.

City & State

CHANNING, TX

Zip

79108

Country

USA

3. Mailing Office Address

P.O. BOX 206

Suite, Apt. #, etc.

City & State

CHANNING, TX

Zip

79108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/89

5. FEI Number

75-2283066

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

UCC Filing & Search Services, Inc.

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

526 E Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

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

Alison Hand, ASST SEC
ATG 312

Date **5/31/05**

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
PRES/D	WILLIAM B SHULTZ	P.O. BOX 206	CHANNING, TX 79108
Sec/ Treas	JOE E. PARK	6041 BELPREE RD	AMARILLO, TX 79106
VP	Patricia Shultz	P.O. Box 206	Channing, TX 79108

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)(f), 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:

William B. Shultz

WILLIAM B. SHULTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)