

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000022762

Name and Mailing Address

03 DEC -1 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009995 01 AT 0.292 \*\*AUTO T6 0 0615 33755-382214



THE 714 CLUB LLC  
714 N FT. HARRISON  
CLEARWATER FL 33755-3822



2. New Mailing Address

519 Cleveland Street #205

City, State, Zip

Clearwater, FL 33758

Principal Place of Business

714 N FT. HARRISON  
CLEARWATER FL 33755

3. New Principal Place of Business Address

Same as mailing address

City, State, Zip

Same

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/03/2002

6. FEI Number

91-2189929

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

FRIEDMAN, MARSHA  
200 DOLPHIN PT. #202  
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

Name Marsha Friedman

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

519 Cleveland St #205

City

Clearwater

FL

Zip

33757

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Marsha Friedman  
REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Martha Conway	9 Turner St #7 Clear FL 33756	Clearwater FL 33782

REINSTATEMENT

2003

12/8/03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

SIGNATURE REQUIRED

Date

11/21/03

Daytime Phone #

727.443.7115 X202

Typed or printed name of signing Managing Member/Manager

Martha Conway

2082

The 714 Club, LLC  
519 Cleveland Street, #205  
Clearwater, FL 33757  
727 443 7115 x202

FILED

03 DEC -1 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 21, 2003

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Application for Reinstatement for Document # L02000022762

Dear Sir or Madam:

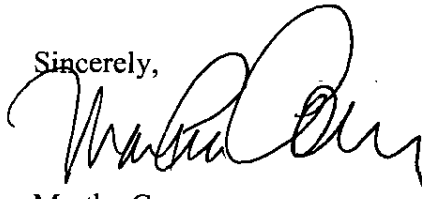
Enclosed please find a check in the amount of \$50.00 for the Annual Report Fee. Also enclosed is an application for Reinstatement for the entity known as The 714 Club LLC.

In speaking with someone in your offices and informing them of the fact that no registered agent, nor any other managing member, received any notification of intent to dissolve this entity, we were advised to note this fact in a letter accompanying this application, along with our \$50 check, and the fee for reinstatement would be waved.

You will note that appropriate address changes have been made to your records so that this does not occur again.

Thank you and please feel free to call me at the number listed above, should there be any questions.

Sincerely,



Martha Conway  
Managing Member