

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -3 PM 12:50

DOCUMENT # M36425

1. Corporation Name

ATA TACKWOOD CLUB, INC.

2. Principal Office Address - No P.O. Box #

7682 North Federal Highway, #3

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33487

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-7-1986

5. FEI Number

59-2746684

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

Miguel Nelson

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

525 Heron Drive

Suite, Apt. #, Etc.

City

Delray Beach, Florida

State

FL

Zip Code

33444

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date November 1, 2009

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	Miguel Nelson	525 Heron Drive	Delray Beach, FL 33444
Vice P	Brenda Ingram	3324 Chatelaine Blvd	Delray Beach, FL 33445
Vice P	James Lewis	4000 Majestic Palm Way	Delray Beach, FL 33445

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 contained in Chapter 119, 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] Miguel C. Nelson (561) 271-3645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #