

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL 22 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001534

1. Corporation Name

CALABAR OLD BOYS ASSOCIATION (SOUTH FLORIDA CHAPTER), INC.

Principal Place of Business

Mailing Address

16773 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326

16773 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-0986434

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT D	JOHN BASSIE D	16773 GOLFVIEW DRIVE FT. LAUDERDALE, FL 33326	FT. LAUDERDALE, FL 33326
VICED PRESIDENT	CHRISTOPHER STONNET D	16773 GOLFVIEW DRIVE	FT. LAUDERDALE, FL 33326
SECRETARY D	RICHARD ILSON D	16773 GOLFVIEW DRIVE	FT. LAUDERDALE, FL 33326
TREASURER D	ARTHUR CUSHNIE D	16521 LAKE TRAIL DR	WESTON, FL 33326
800006844828--3 -08/01/02--01013--003 ****297.50 ****297.50			
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASSIE, JOHN
16773 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326

Name ARTHUR CUSHNIE
Street Address (P.O. Box Number is Not Acceptable)
16521 LAKE TRAIL DR
Suite, Apt. #, Etc.
City WESTON
State FL
Zip Code 33326

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Arthur Cushnie

Date 2/17/02

REGISTERED AGENT MUST SIGN

11. 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:

Arthur Cushnie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02

Date

954 3496793

Daytime Phone #