

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002224**

1. Corporation Name

CHARLES F. HAMBLIN CLUB, INC.

Principal Place of Business

ONE ANDERSON CIRCLE
ST AUGUSTINE FL 32084

Mailing Address

ONE ANDERSON CIRCLE
ST AUGUSTINE FL 32084

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2000

5. FEI Number **42-159 2460**
NOT APPLICABLE

Applied For

Not Applicable

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
Treas	A. J. Sartin	403 17th St. - Vilano Gch	ST AUGUSTINE FL 32084
D	Jack Shuler	21 Hope Rd	ST AUGUSTINE FL 32084
D	Lloyd Baldwin	14 Coquina Ave	ST AUGUSTINE FL 32084
Pres	OSTERHOUT, DONALD H	P.O. BOX 5400	ST AUGUSTINE FL 32085
Sec	MCKEEFERY, KEVIN	13 6TH ST, APT A	ST AUGUSTINE FL 32080
D	Alan Crawford	721 Perimeter Pk Cir	ST AUGUSTINE FL 32084

8. Name and Address of Current Registered Agent

F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **KEVIN MCKEEFERY**
Address **One Anderson Circle**
City **SAINT AUGUSTINE** State **FL** Zip Code **32085-2204**

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. or 617.0505, F.S.

Signature of
Registered Agent

Kevin McKeefery
REGISTERED AGENT MUST SIGN

Date

10/11/03

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:

Kevin McKeefery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/03