

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 19 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000007695

**1. Corporation Name**

ASSOCIATION OF CLUB EXECUTIVES, INC.

W05-29815

**2. Principal Office Address**

1315 N. SANDHILLS BLVD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ABERDEEN, NC

City & State

Zip

28315

Country

MOORE

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-13-00

**5. FEI Number**

59-3683733

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

ANGELINA M. SPENCER

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

340 BEACHWOOD LAKE DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

**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

*Angelina M. Spencer*  
REGISTERED AGENT MUST SIGN

Date

6-13-05

**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
EB	JERRY WESTLUND	P.O. BOX 15310	LONG BEACH, CA
EB/S	DAVID FAIRCHILD	2535 MANANA DR.	DALLAS, TX
EB	JIM ST. JOHN	3800 CAPITAL CITY BLVD.	LANSING, MI
P	SCOTT BURCH	10723 COMPOSIT DR.	DALLAS, TX
T	JERRY REID	1315 N. SANDHILLS BLVD.	ABERDEEN, NC
			900055265949
			06/16/05--01059--002 **420.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-05

Date

Daytime Phone #

CR2E031 (01/05)