

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 DEC -1 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N01000005740*

1. Corporation Name  
*SOUTH FLORIDA CONFEDERATION OF CLUBS, INC*

2. Principal Office Address  
*1390 19TH AVE SW*

Suite, Apt. #, etc.

City & State  
*VERO BEACH, FL*

Zip Country  
*32962 USA*

3. Mailing Office Address  
*PO BOX 650161*

Suite, Apt. #, etc.

City & State  
*VERO BEACH, FL*

Zip Country  
*32965 USA*

4. Date Incorporated or Qualified  
To Do Business in Florida *08/09/2001*

5. FEI Number *651137948*

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
*KENDALL BLANCHARD*

Street Address (P.O. Box Number is Not Acceptable)  
*1390 19TH AVE S.W.*

Suite, Apt. #, Etc.

City  
*VERO BEACH*

State Zip Code  
*FL 32962*

**REINSTATEMENT**

*04-06  
JSC*

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 *Kendall W Blanchard*  
REGISTERED AGENT MUST SIGN

Date *30-OCT-06*

**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
<i>CD</i>	<i>JEFF WELT</i>	<i>4770 140114 WOOD BLVD</i>	<i>HOLLYWOOD, FL 33021</i>
<i>D</i>	<i>TIM ALLOWAY</i>	<i>5272 N. ANDREWS AVE</i>	<i>FT LAUDERDALE FL 33309</i>
<i>SD</i>	<i>MICHAEL M. SMOTHERS</i>	<i>220 N.E. 12TH AVE LOT 64</i>	<i>HOMESTEAD, FL 33030</i>
<i>TD</i>	<i>KENDALL BLANCHARD</i>	<i>1390 19TH AVE SW</i>	<i>VERO BEACH, FL 32962</i>

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: *Kendall W Blanchard* *KENDALL W. BLANCHARD* *30-OCT-06* *772 473-7638*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #