

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

08 MAR 11 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02 — 6094**

1. Corporation Name
**WORLD'S GREATEST ATHLETES DECAHLION CLUB,
INC.**

8-11-08

000119981020
03/11/08--01008--012 **358.75

CR2E081 (1/07)

06-08

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

3. Mailing Office Address

Suite, Apt. #, etc.

396 Yucca Road

Suite, Apt. #, etc.

7 FIELDVIEW LANE

City & State

Naples, FL

City & State

Califon, NJ

Zip

34102

Country

USA

Zip

07830

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

611423472

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

DANIEL A. SCHMITT

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

396 YUCCA RD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

☐ 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

Daniel A. Schmitt

REGISTERED AGENT MUST SIGN

Date **02-01-08**

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
MR	HARRY MARRA	9500 Corniente Rd,	Atascadero, CA 93422
MS	ALISON GODFREY	7 Fieldview Lane	Califon, NJ 07830
DR.	IRVING DARDIK	7 Fieldview Lane	Califon, NJ 07830

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:

Alison Godfrey, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08
Date

908.439.9500
Daytime Phone #