

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000006421**

1. Corporation Name

Lauderhill Lions Sports Club, INC.

2. Principal Office Address

4460 NW 7th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2209 NW 139 Avenue

Suite, Apt. #, etc.

City & State

PLantation, Florida

City & State

Sunrise, Florida

Zip

33317

Country

USA

Zip

33323

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/2002

5. FEI Number

223867380

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

Warren Bloise

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

2209 NW 139 Avenue

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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

REGISTERED AGENT MUST SIGN

Date **1/08/04**

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
President	Keith Davis	4460 NW 7th Street	Plantation, FL 33317
Vice Pres	Warren Bloise	2209 NW 139 Avenue	Sunrise, FL 33323

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

Date

1/08/04

Daytime Phone #

(954) 683-8660

CR25081 (10/02)



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January 8, 2004

Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Waiver of Reinstatement Fee

To Whom It May Concern:

This letter serves as a formal request for a waiver of the reinstatement fee **(\$175.00)** for our domestic non-profit corporation, Lauderhill Lions Sports Club, Inc. Our status was changed to inactive due to non filing of the UBR.

The UBR filing form was never received via mail at our office. To prevent any future occurrence we have enclosed a new mailing address on our reinstatement form along with a check for \$122.50 to cover 2003-and 2004 filing fees.

Thanks for your anticipated understanding.

Regards,

A handwritten signature in dark ink, appearing to read "Warren Bloise", is written over the typed name.

Warren Bloise
VICE PRESIDENT