

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 11 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

SD0110698709  
10/11/07--01047--010 \*\*297.50  
SD0110698709  
10/11/07--01047--011 \*\*9.75  
CR2E081(1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # W03000000184

1. Corporation Name

The Venetian Club, Inc

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

917 Chippewa St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1162

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

St. Augustine FL

Zip

32086

Country

USA

Zip

32085

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/03

5. FEI Number

43-1995814

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

Thomas Jackson

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

917 Chippewa St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/8/07

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
PO	Henry White	848 White Eagle Cir	St Aug. FL 32086
VPO	Barbara Jackson	917 Chippewa St.	St Aug FL 32086
SO	Isabelle Jenkins	9 Blanche Lane	St Aug FL 32084
TD	Thomas Jackson	917 Chippewa St.	St Aug FL 32086
FSO	Jacqueline Bryant	904 Chippewa St.	St. Aug FL 32086

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Jackson

10/8/07

Daytime Phone #

(904) 669-8863

10/11/07