

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003000002027

1. Corporation Name

TREASURE COAST RACING PIGEON CLUB, INC

2. Principal Office Address

851 SE Monterey Road
Suite, Apt. #, etc.

3. Mailing Office Address

5819 SE Wilkie Dr.
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart, Florida

Zip

34994

Country

USA

Zip

34997

Country

USA

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

3-06-03

5. FEI Number

20-2026549

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 09

7. Name and Address of Current Registered Agent

Name

BJ CORRADIETTI

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

5819 SE Wilkie Dr.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

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
P	Joe Delvechio	851 SE Monterey Rd	Stuart FL 34994
TO	BJ CORRADIETTI	5819 SE Wilkie Dr	Stuart FL 34997
SD	Nick Lusberts	2021 SW Cameo Blvd.	Port St. Lucie FL 34953

11/22/04

900043045409
11/29/04--01061--021 **236.25

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/04

Date

772 284-9436

Daytime Phone #

CR2E081 (01/04)