PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 1:58

DOCUMENT # N04000003144

1. Corporation Name
Caboose Club, Inc.

2. Principal Office Address	3. Mailing Office Address
45383 Dixie Ave	P.O. Box 2210
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Callahan, FL	City & State: ~~E~~Callahan, FL
Zip: 32011 Country: Nassau	Zip: 32011 Country: Nassau

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Moses Meide, JR.
Street Address (P.O. Box Number is Not Acceptable): 817 N. Main St.
Suite, Apt. #, Etc.: ~~JA~~
City: Jacksonville State: FL Zip Code: 32220

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: Moses Meide, Jr Date: 8/24/06
REGISTERED AGENT MUST SIGN

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
PD	Markham MacNich	N. Michler St.	Callahan, FLA 32~~0~~11
VD	John Kiser	44014 Apache Tr	Callahan, FLA 32011
STD	Bertie Crouch	44124 Maple Ct	Callahan, FLA 32011
		700079335867 08/31/06--01040--018 **80.00	
*	Please Delete	Debra Jean Harris, as STD *	

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: Bertie F. Crouch 8/25/06 904-879-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #