

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 4435**
1. Corporation Name **PELICANS Rugby Club, Inc**

Principal Place of Business Mailing Address
BOX #22
533 S Howard Ave
Tampa, FL 33626

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable Same as above		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida July 30th 1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2972158	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P President	Kelley Kirkpatrick	4012 W OBISPO STR	Tampa, FL 33629
VP/D	DAN CHANGER	5055 S Dale Mabrey Hwy	Tampa, FL 33611
S Sec	LARRY Sims	5326 Royal Palm Ave	SARASOTA, FL 34242
T Treasurer	Ruben Calles	13304 LAKE George	Tampa, FL 33612
		900002687319--1	
		-11/13/98--01076--004	
		***245.00 ***245.00	

changes authorized by
Craig Chalmerson 11/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name KELLY L. KIRKPATRICK	
Street Address (P.O. Box Number is Not Acceptable) 4012 W OBISPO ST	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33629	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]** Date **6 Nov 98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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

Daytime Phone #

6 Nov 98
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2291176

CR2040 (1/88)