

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 25 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND5000004131**

1. Corporation Name

Bulldog Quarterback Club Inc

REINSTATEMENT

06-07

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

11 Ft. Clinch Hgts. Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 132

Suite, Apt. #, etc.

City & State

Frostproof, FL

City & State

Frostproof, FL

Zip

33843

Country

U.S.A.

Zip

33843

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-2005

5. FEI Number

202724915

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

Anthony Jenkins

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

11 Ft. Clinch Hgts.

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **6-20-07**

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 |
|---------|-----------------------------------|--|----------------------|
| Pres. | Hank Smith | 650 Fir Ave. | Frostproof, FL 33843 |
| V-Pres. | Mike Yungman | 1191 Scrub Jay Trail | Frostproof, FL 33843 |
| Treas. | Anthony Jenkins | 11 Ft. Clinch Hgts | Frostproof, FL 33843 |
| | | | |
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05/23/07--01021--007 **35.00

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:

Hank Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-07

Date

863-528-9882

Daytime Phone #

SP