

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

06-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05000012076**

1. Corporation Name

Special Friends Club, Inc.

REINSTATEMENT 06-07

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

2795 Eagle Lake Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Clermont, Florida

Zip

34711

Country

U.S.A.

City & State

Zip

Same

Country

FL 34711

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/05

5. FEI Number

N05000012076

☒ 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

Patricia Knight-Lewis

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

2795 Eagle Lake Drive

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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

Patricia Knight-Lewis

REGISTERED AGENT MUST SIGN

Date

12/5/07

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
P.	Patricia Knight-Lewis	2795 Eagle lake br.	Clermont, Fl. 34711

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:

Patricia Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/07
Date

407729-3330
Daytime Phone #

FILED

07 DEC 10 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA