

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG -4 AM 11:53

DOCUMENT # NO 7000006495

1. Corporation Name

Oak Brook Social Club, Inc  
8200 SW 24th St  
N. Lauderdale Fl 33068

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-28-07

5. FEI Number

77-0677192

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

Judith A. HANLEY

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

8120 SW 24th St Apt 307

Suite, Apt. #, Etc.

N. Lauderdale

City

State

Zip Code

FL

33068

☒ 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

Judith A. Hanley

REGISTERED AGENT MUST SIGN

Date 7-30-10

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	Judith A. Hanley	8120 SW 24th St Apt 307	N. Lauderdale Fl 33068
VP	Sumner Hoffman	8110 SW 24th St	N. Lauderdale Fl 33068
T	Joan Jacobson	SW 24th St	N. Lauderdale Fl 33068
S	Marske Weiner	8140 SW 24th St	N. Lauderdale Fl 33068

REINSTATEMENT

13 8/5/10  
08-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Judith A. Hanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-10 954-724-1027