

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 30 PM 3:07

DOCUMENT # N07000008226

1. Corporation Name

EXCHANGE CLUB OF BELLEVUE FLORIDA INC

200184868192
08/30/10--01055--009 **358.75

CR2E081 (6/10)

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

3091 SE 112 ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box: 690

Suite, Apt. #, etc.

City & State:

Belleview

City & State

FL

Zip

34421

Country

USA

Zip

34421

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/2007

5. FEI Number 31-1009697

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DARREN Fowler

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

3091 SE 112 ST P O Box 520

Suite, Apt. #, Etc.

City

Belleview

State

FL

Zip Code

34421

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

Darren Fowler

Date

7/12/10

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
P	DARREN Fowler	P O Box 520 690	Belleview FL 34421
S	Sherry Fowler	P O Box 520 690	Belleview FL 34421
D	CLAY WALDRON	P O Box: 5690	Belleview FL 34421
T	Judy Wolfe	P O Box 690	Belleview FL 34421
		REINSTATE	OS-10 7/21/10
			8/31/10

10. E-mail Address: BELLATG AIR@AOL.COM

(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:

Darren Fowler

7/12/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #