## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE

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DOCUMENT #N09650  1. Corporation Name FIRST CLASS CLUB, INC.					TACEARASSEE. FLORIDA			
ير ير :								
2. Principal Office Address		3. Mailing C	Office Address			00 -		
		6098	W 1st ST		Said TATE	Bara - /	$\bigcap$	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida			
City & State		City_&_State_	City & State					
		DANIA,	DANIA, FL 33004		Number	<u> </u>	plied For	
Zip	Country	Zip	Count	201	59~2562705 Not Applicable			
	BROWARD				IFICATE OF STATUS DESI	RED S8.75 Additional	Fee required e of Status	
The second secon		7. N	lame and Address	ցանությու Registered Agent				
	Name		<u>DI</u>	UWAND 0				
	ALBERT L. IVEY							
	Street Address (P.O. Box Number is Not Acceptable)						1-0	
	609S.W.1st Street					4/0001119	1002 100 00	
	Suite, Apt. #, Etc.				****	665.00 ****66	<b>5</b> 0.00	
	City		·		State Zip	Code		
	DANIA BEACH					3004		
8. I, being	appointed the registered agent of the a	bove named corpc	ration, am familiar v	vith and accept the obligations of	A THE STREET STREET		P	
Signature of		n		, ,		·		
Registered Agent		Guey			Date2 -	Date2 = 2.9 = 0.0		
	THE SECOND SECON	REGISTERES	ENT MUST SIGN					
9. Names	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corpo	rations must list at least 3 direct	ors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
					3.3311		į	
₽₽D			1284 N.W. 18th COURT			FT. LAUDERDALE. FL		
S-D						DANIA, FL 33004		
_s-u	IVEY, ALBERT		609 S.W. 1st STREET			609SW 1st ST.		
<b>T</b> -D	HARDY, WILMA		1248 N.W. COURT			FT. LAUDERDALE, FL		
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- <u>-</u> -	<u> </u>				The state of the s		45_	
10. I certify	that I am an officer or director or the re	ceiver or trustee er	npowered to execute	e this application as provided for	in chapter 607 or 617. F	S. I further certify that wh	en 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)(i), 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:

ER OR DIRECTOR