

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09650**

**1. Corporation Name**

First Class Club, Inc.

**2. Principal Office Address - No P.O. Box #**  
1257 NW 31st Avenue

Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, Florida

**Zip**

33311

**Country**

U.S.A.

**3. Mailing Office Address**

1248 NW 18th Court

Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, Florida

**Zip**

33311

**Country**

U.S.A.

**7. Name and Address of Current Registered Agent**

**Name**

McSwain Hardy

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

1248 NW 18th Court

Suite, Apt. #, Etc.

**City**

Ft. Lauderdale

**State**

FL

**Zip Code**

33311

**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**

*McSwain Hardy*

REGISTERED AGENT MUST SIGN

**Date**

5/27/10

**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
PD	McSwain Hardy	1248 NW 18th Court	Ft. Lauderdale, FL 33311
SD	McSwain Hardy	1248 NW 18th Court	Ft. Lauderdale, FL 33311

**10. E-mail Address:** pearsonlegalsvcs@yahoo.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:**

*McSwain Hardy*

McSwain Hardy

**Date**

5/27/10

**Daytime Phone #**

954/240-0369

FILED

10 JUN -3 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300181665503  
06/03/10--01018--013 \*\*358.75

**REINSTATEMENT** 08-10

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
592562705

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 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.