

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 11 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15373**

1. Corporation Name

Tiger Touchdown Club, Inc.

2. Principal Office Address

639 N.E. Lima Vias

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

Country

34957

USA

3. Mailing Office Address

639 N.E. Lima Vias

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

Country

34957

USA

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

6/12/86

5. FEI Number

650075611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

97-00

7. Name and Address of Current Registered Agent

Name

Kenneth Shaffer

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

639 N.E. Lima Vias

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

400003368564-1

-08/23/00--01045--005

****420.00 ****420.00

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

Date **6-13-00**

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
Pres.	Kenneth Shaffer D	639 N.E. Lima Vias	Jensen Beach, FL 34957
Vice Pres.	Al Zobec D	3483 N.E. Narragansett Ter.	Stuart, FL 34994
Sec.	Diane Shaffer D	639 N.E. Lima Vias	Jensen Beach, FL 34957

REINSTATEMENT 97-00 TS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-13-00 561-287-0955

Daytime Phone #

CR2E081 (9/99)