

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N15636

1. Corporation Name

COLUMBUS CLUB OF FORT PIERCE, INC.

Principal Place of Business

2046 S. U.S. 1
FORT PIERCE FL 34950

Mailing Address

2046 S. U.S. 1
FORT PIERCE FL 34950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1986

5. FEI Number

59-6152866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City & State & Zip
P	GABBERTY, DONALD S. CAPOCCIA, LEO	210 SOUTHERN AVENUE 207 INDIAN HILLS DR	FORT PIERCE FL 34950 34982
D	ROSENBERGER, THOMAS E	PO BOX 2824	FORT PIERCE FL
D	O'CONNELL, JOHN	5717 BIRCH DR	FORT PIERCE FL
D	MOLLOUGHIN, KEVIN M GERWAN, MICHAEL	3011 FAIRWAY DRIVE 5308 CITRUS AV	FT. PIERCE FL " " 34982
D	RUSNAK, JOHN	5301 PALEO PINE CIRCLE	FORT PIERCE FL
TD	MAUGHAN, JOHN J.	2200 N. 53RD ST. 3049 FAIRWAY DR	FT. PIERCE FL 34946 34982

8. Name and Address of Current Registered Agent

GRISSOM, WILLIAM L
1003 TENNESSEE AVE.
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William L. Grissom

Date 10/18/00

REGISTERED AGENT MUST SIGN

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 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:

John J. Maughan JOHN J. MAUGHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/00

Daytime Phone # 520-461-8774