

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

03 MAY -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15666

1. Corporation Name

KEYSTONE HEIGHTS SINGLES CLUB, INC.

2. Principal Office Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

8157 MERRIAN RD.

Suite, Apt. #, etc.

City & State

KEYSTONE HIGHTS, FL.

Zip

32656

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-1986

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CLARA M. PATTERSON

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

8157 MERRIAN RD

Suite, Apt. #, Etc.

City

KEYSTONE HIGHTS,

State

FL

Zip Code

32656

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

CLARA M. PATTERSON

REGISTERED AGENT, MUST SIGN

Date 05/01/03

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
D. PRESIDENT	CLARA M. PATTERSON	8157 MERRIAN RD.	KEYSTONE HIGHTS FL. 32656
1ST VICE	ARN SMILOWITZ	3723 N.W. 55 PL.	GAINESVILLE FL. 32653
2ND VICE	MYRTLE MARSHALL	300 SWAN LAKE DR.	MELROSE KEYS, FL. 32656
SEC. D.	BLANCH C. KELSAY	5774 BRYCE CT.	KEYSTONE HIGHTS, FL. 32652
D. TREAS	MARLENE LITTLE	7085 KING ST.	KEYSTONE HIGHTS, FL 32656

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.

CLARA M. PATTERSON

SIGNATURE:

CLARA M. PATTERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/03

Date

352-473-4145

Daytime Phone #

CR2E081 (9/01)