

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

98 DEC -7 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18271

1. Corporation Name

COLUMBIAN CLUB OF FLAGLER COUNTY, INC.

Principal Place of Business

Mailing Address

51 OLD KINGS ROAD
P.O. BOX 350219
PALM COAST FL 32135

51 OLD KINGS ROAD
P.O. BOX 350219
PALM COAST FL 32135

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1986

5. FEI Number

59-2112805

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GENEUE LOUIS RICHARD CASTRO	8 WEBSTER LANE 157 W. L STANLEY DR	PALM COAST FL
D	GANFIELD JAMES V ANDREW GULOTTA	5 CLAYMONT CT S. 4 WASHINGTON PL	PALM COAST FL
D	KEENAN, RKHARD D	28 WEBWOOD PL	PALM COAST FL
D	COYLE RONALD E SHAWN PORTER	14 WINDYBUSH 2 CROW COURT	PALM COAST FL
			4000027097640077 -12/11/98-01022 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAPIENZA, STEPHEN P.
204 S. DAYTONA AVENUE
FLAGLER BEACH FL 32036

Name

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

300 N. State Street

Suite, Apt. #, Etc.

P.O. Box 635

City

Bunnell

State

FL

Zip Code

32110

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-30-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98 446-5632
Date Daytime Phone #