

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

96 DEC 31 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mcrtham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N27924**

1. Corporation Name
712 CLUB, INC.

Principal Place of Business Mailing Address

**712 BELVEDERE ROAD
C/O MARVIN BUSSEY
WEST PALM BEACH FL 33405**

**712 BELVEDERE ROAD
C/O MARVIN BUSSEY
WEST PALM BEACH FL 33405**



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		4. Date Incorporated or Qualified To Do Business in Florida 08/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0060962	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
P	ROMANI, GEORGE	220 MALBOROUGH RD STE B	WEST PALM BCH. FL
D	HECKENDORF, KATIE	315 EUCALYPTUS #1	WEST PALM BCH FL 33405 1843--4 -01/09/97-01014--006
D	FORSHER, PATRICK	2118 E. PALMA CIRCLE	WEST PALM BCH FL 33405 25 ****236.25
D	DEMORY, HOWARD	1004 N. 18TH AVE.	LAKE WORTH FL
T	ROUTH, ANNE	220 MALBOROUGH RD STE B	W PALM BEACH FL
D	FORSLEE, PATRICK	2118 E. PALMA CIR.	WEST PALM BCH. FL

8. Name and Address of Current Registered Agent

ROUTH, ANNE
220 MARLBOROUGH RD
STE B
W PALM BEACH FL 33405

Name and Address of New Registered Agent

Name: **Patrick Forshee**
Street Address (P.O. Box Number is Not Acceptable): **2311 Omega Lane**
Suite, Apt. #, Etc.: **Suite H G**
City: **West Palm Beach** State: **FL** Zip Code: **33411**

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: *Anne Routh Barbara Bay* Date: **10/2/96**

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *Patrick J. Forshee* Date: **10/2/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR