

Dept of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 OCT 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30442

1. Corporation Name

Columbia County Quarterback Club, Inc.

WB7000049381

2. Principal Office Address - No P.O. Box #

469 SE FIGHTING TIGER DR.

Suite, Apt. #, etc.

NONE

3. Mailing Office Address

P.O. Box 774

Suite, Apt. #, etc.

City & State

LAKE CITY FL. OR SAME

City & State

Lake City, FL

Zip

32025

Country

USA

Zip

32056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1989

5. FEI Number

59-2488935

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 H Crews

Street Address (P.O. Box Number is Not Acceptable)
506 SE Llewellyn Ave

Suite, Apt. #, Etc.

City
Lake City

State
FL

Zip Code
32025

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 H Crews

REGISTERED AGENT MUST SIGN

Date 09/24/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all less than 3 directors)

REINSTATEMENT

04-07

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Lex Carswell	412 NW Blackberry Cir.	Lake City, FL 32055
PE	Rodney L Crews	506 SE Llewellyn Ave	Lake City, FL 32025
VP	Marty Martinez	573 SW Siesta Place	Lake City, FL 32025
T	Bobby Bishop	142 SW Blaine Ct	Lake City, FL 32025
S	Joe Robinson	PO Box 63	Lake City, FL 32054

REINSTATEMENT

04-07

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10/01/07--01035--014 **428.75

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 contained in Chapter 119, 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:

Alex Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/2007

Date

386-754-8816

Daytime Phone #