

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N31967

1. Corporation Name

ALL NATIONS RECREATIONAL, CULTURAL AND SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

PO BOX 380693  
MURDOCK FL 33948  
US

PO BOX 380693  
MURDOCK FL 33948  
US

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

04/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0245178

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KERR, JEAN A	17449 CLOVER AVENUE	PT. CHARLOTTE FL 33918
D	BROWN, CICELY	23088 ALLEN ST	PORT CHARLOTTE FL 33980
D	LYNCH, LIONEL	18513 GAMEWELL AVE	PT CHARLOTTE FL 33948
T	JAMES, LEROY	5453 SIMRAK ST	NORTH PORT FL
D	LAWES, DONAT	27455 OBIDOS DRIVE	PORT CHARLOTTE FL 33983

8. Name and Address of Current Registered Agent

KERR, JEAN A  
17449 CLOVER AVENUE  
PORT CHARLOTTE FL 33948

Name and Address of New Registered Agent

REINSTATEMENT 150-01  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
0000003744940--2  
Suite, Apt. #, Etc.  
-02/21/01--01040--015  
City  
State  
Zip Code  
\*\*\*\*297.50 \*\*\*\*297.50  
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

JEAN A. KERR  
REGISTERED AGENT MUST SIGN

Date 01-11-01

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:

JEAN A. KERR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-01

Date

941-575-5783

Daytime Phone #

CR2E040 (8/00)