

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N33178

1. Corporation Name

BLUE KNIGHTS VAN CLUB, INC.

FILED

97 AUG -5 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

330 MADISON ST. SO
C/O JOHN ALLENS
ST. PETERSBURG FL 33711

330 MADISON ST. SO
C/O JOHN ALLENS
ST. PETERSBURG FL 33711

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.

P.O. Box 13552

City & State
St. Pete. FLA.

Zip Country
33733 Pinellas

Suite, Apt. #, etc.

P.O. Box 13552

City & State
St. Pete. FLA

Zip Country
33733 Pinellas

REINSTATEMENT 909T

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1989

5. FEI Number

59-2976290

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GOY, GOLDINA	2022 16TH ST SO	ST. PETERSBURG FL
D	DUNCAN, Elizabeth	2710 Desoto Way So	St. Petersburg FL
D	DIXON, TOMMY	2700 68TH TERR SO	ST. PETERBURG FL
D	DANDY, JOHNNY	2400 13TH SO	ST. PETERSBURG FL
P	FULLER, EAREST	2335 8TH ST SO	ST. PETERSBURG FL
V	ROBERTSON, GENE	3034 14TH SO	ST. PETERSBURG FL
S	DIXON, ANNIE	1834 - 44TH ST	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FULLER, EAREST
2335 8TH ST SOUTH
ST PETE FL 33712

Name

Ralph Ferguson

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

2342 - 8th St So

Suite, Apt. #, Etc.

City

St. Pete.

State

FL

Zip Code

33712

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

Ralph Ferguson

REGISTERED AGENT MUST SIGN

Date

4/8/97

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)(b), 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:

Elizabeth Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

400002262434-003
08/08/97-01144-003
****297.50 ****297.50

4/2/97

Date

Daytime Phone

93-864-9142

CR20040 (7/96)