

The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a river. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

FLORIDA DEPARTMENT OF STATE

Sandra B. Moxham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 1:09

1. Corporation Name

LAKE BUTLER SINGLES CLUB, INC.

Principal Place of Business

N.W. 3RD AVE.
LAKE BUTLER FL 32054
US

Mailing Address

P.O.BOX 474
LAKE BUTLER FL 32054
US



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

REINSTATEMENT 92-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/16/1930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-301903 1

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

S8.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	FRED J. LAMMERS	411 NO. MARION ST	LAKE CITY, FL 32055
VD	HARRIET BOSSUYT	RT. 10, Box 820	LAKE CITY, FL 32025
SD	MARY NESS SMITH	412 DESENDER AVE.	LAKE CITY, FL 32055
TD	ELAINE WARNER	720 N.E. 3RD ST.	LAKE BUTLER, FL 32054

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 *****481.25 *****481.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name FRED J. Lammers
Street Address (P. O. Box or Number is Not a Street) 441 No MARION ST
Suite, Apt. #, Etc. 32055
City LAKE CITY State FL Zip Code 32054

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

REGISTERED AGENT MUST SIGN

Date 4-4-80

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #