PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 27 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44380

1. Corporation Name

KISSIMMEE WEST SIDE CLUB, INC.

Principal Place of Business	Mailing Address
101 S. CYPRESS STREET UNIT L KISSIMMEE FL 34741	101 S. CYPRESS STREET UNIT L KISSIMMEE FL 34741

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

REINSTATEMENT 1996 (11-22-96)

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/19/1991

5. FEI Number: 59-3082628 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	WELSH, JOE	~~710 HARLAND CT~~ 1849 DANIELS	KISSIMMEE FL
VPD	~~PERSANTI, JOSEPH~~ ALEX BINGO	~~103 FLORIDA HWY~~ 716 N PALM	~~KISSIMMEE FL~~ KISS FL 3420
SD	~~BOWE, ROCHELLE~~ BOBBY MERGER	~~1608 DESTINY AVE~~ 283 LA PAZ DR	~~ST CLOUD FL~~ KISS FL 3474 3
T	~~DAVID MANN~~ JOHN MARSHALL	~~1500 AMHERST LANE~~ 1414 FLAMINGO RD	~~KISSIMMEE FL~~ KISS. FL 34746
			300002019193--5 -12/04/96--01042--016 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

WELSH, JOE
710 HARLAND CT
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable): 1849 DANIELS ST

Suite, Apt. #, Etc.

City: KISSIMMEE State: FL Zip Code: 34746

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: J Welsh SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 9-22-96

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)(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: J Welsh SIGNATURE REQUIRED 9-22-96 407 654-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (7/96)