PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

1997 NOV 12 PM 4:10

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.

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 ☐ $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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	~~WELSH, JOE~~ Bobbi MERCER	~~1849 DANIELS~~ 1085 DEAN ST.	~~KISSIMMEE FL 34746~~ ST. CLOUD FL. 34771
VPD	RINGO, ALEX	716 N. PALM	KISSIMMEE FL 34707
SD	~~MERCER, BOBBY~~ Richard Connelly	~~208 LA PAZ DR~~ 906 Michigan Ave	~~KISSIMMEE FL 34743~~ ST CLOUD FL 34769
T	~~MARSHALL, JOHN~~ DAVID COUTURE	~~1414 FLAMINGO RD~~ 1128 DELAWARE AVE	~~KISSIMMEE FL 34746~~ KISSIMMEE FL 34744
		REINSTATEMENT 11/12/97	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WELSH, JOE 1849 DANIELS ST KISSIMMEE FL 34746	Name: Bobbi MERCER Street Address (P.O. Box Number is Not Acceptable): 1085 DEAN ST Suite, Apt. #, Etc.: 200002347762--1 -11/14/97--01086--007 ****236 City: ST. CLOUD State: FL Zip Code: 34771-25

CR2E040 (8/97)

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: Bobbi Mercer President Date: NOV. 1, 1997

REGISTERED AGENT MUST SIGN

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: Clyde Ringo Vice NOV. 1, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #