

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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

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
PD	<del>RINGO, ALEX</del>	<del>715 N PALM</del>	<del>KISSIMMEE FL 34707X</del>
SD	<del>GEORGE, KIPPY</del>	<del>1401 DEARBORN ST</del>	<del>KISSIMMEE FL 34741X</del>
TD	<del>STANLEY, JOE H X</del>	<del>2209 CYPRESS KNEE LORR</del>	<del>KISSIMMEE FL 34743X</del>
PD	Troy Killgore	8849 Latrec Ave. #308	Orlando, FL 32819
VPD	Brucelittlefield	2518 Quail Run Blvd, No.	Kissimmee, FL 34744
SD	Chrissie M. Murray	2310 Harbor Town Dr.	Kissimmee, FL 34744

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~RINGO, ALEX~~  
~~715 N PALM~~  
~~KISSIMMEE FL 34707X~~

Name  
Troy Killgore  
Street Address (P.O. Box Number is Not Acceptable)  
8849 Latrec Ave  
Suite, Apt. #, Etc.  
#308  
City  
Orlando,  
FL 32189

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

Date 2/21/01

11. I certify that I am an officer or director of 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.

Chrissie M. Murray

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01 407 400 8285

CR2E040 (8/00)