


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
~~307000263638~~

DOCUMENT # **N45804**

1. Corporation Name

**NEWTOWN SOCIAL CLUB INC.**

2. Principal Office Address - No P.O. Box #

**1958 MLK WAY**

Suite, Apt. #, etc.

3. Mailing Office Address

**3073 LAKE RIDGE DR.**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL.**

City & State

**SARASOTA, FL.**

Zip

**34234**

Country

Zip

**34237**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0421878**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**BRISTOL, FRANK**

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

**1933 MLK WAY**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34234**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Frank Bristol**

REGISTERED AGENT MUST SIGN

Date **10/26/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LEWIS PHILLIPS	3073 LAKE RIDGE DR	SARASOTA, FL. 34237
VP	SALLY PHILLIPS	3073 LAKE RIDGE DR.	SARASOTA, FL. 34237
TD	JACKIE RAMOS	1552 15 <sup>th</sup> ST	SARASOTA, FL. 34234
PD Officer Director	Frank Bristol Bristol	1933 MLK WAY	SARASOTA FL 34234 300111452393 10/29/07--01051--003 **429.75

10. 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 contained in Chapter 119, 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:

**Frank Bristol**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/26/07**

Daytime Phone #

FILED  
07 NOV 16 PM 2:00  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT **01-07**