

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N46336**

1. Corporation Name

**SOUTH FLORIDA MAKO OWNER'S CLUB, INC.**

Principal Place of Business

1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060

Mailing Address

PO BOX 5362  
DEERFIELD BEACH FL 33442

FILED  
01 NOV -5 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1991

5. FEI Number

65-0296106

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	City / State / Zip 4
P	POVEROMO, GEORGE	9930 NW 59 CT	PARKLAND FL
D	SIEGEL, HENRY	2831 NE 48 ST	LIGHTHOUSE PT FL
D	MACKECHNIE, BILL	5350 PARK PLACE CIRCLE	BOCA RATON FL
D	NITRAY, DAVID	150 SE 4 CT	POMPANO BCH FL
ST	AUFENANGER, Joseph	262 S MILITARY TRAIL	DEERFIELD BEACH FL 33442
			988884699229--4 -11/30/01--01011--017 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

OATES, DANIEL E.  
1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name **JOSEPH E AUFENANGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**262 S. MILITARY TRAIL**  
Suite, Apt. #, Etc.

City **Deerfield Beach** State **FL** Zip Code **33442**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10/30/01**

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. VARNADORE NOV 28 2001

Date

Daytime Phone #

**10/30/01 (954) 425-0638**