

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 51210

1. Corporation Name

Reunited Club of Ft. Lauderdale,
Inc.

2. Principal Office Address

3720 N. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Zip

33309

Country

US

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1992

5. FEI Number

65-0364993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheri Bowman

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

3720 N. Andrews Ave.

Suite, Apt. #, etc.

City

Ft. Lauderdale

State
FL

Zip Code

33334

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

Sheri Bowman
REGISTERED AGENT MUST SIGN

Date 2-27-01

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
D	Lemmons, Allan ^D	517 NE 28 th St.	Wilton Manors 33334
Pers.	Finley, Jacqueline ^D	1400 NE 17 th St.	Ft. Lauderdale 33305
Treas	Bowman, Sheri ^D	3341 NE 11 th Ave.	Wilton Manors 33334

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 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:

Sheri Bowman Sheri Bowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER

2/27/01 (954) 565-8228
Date Daytime Phone #

CR2E081 (9/00)