

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:10

DOCUMENT # *N92000000290*

1. Corporation Name

BRENTWOOD PARK SPORTS CLUB, INC

REINSTATEMENT

93-00

CR2E081 (12/05)

2. Principal Office Address

416 W 25th ST #3

Suite, Apt. #, etc.

3

City & State

JAX, FL 32206

Zip

32206

Country

DUAL

3. Mailing Office Address

221 N HOGAN ST #156

Suite, Apt. #, etc.

156

City & State

JAX, FL 32202

Zip

32202

Country

DUAL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

ROBERT TILMAN

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

221 N HOGAN ST 156

Suite, Apt. #, Etc.

JAX,

City

JAX,

State

FL

Zip Code

32202

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

Robert T. Tilman

REGISTERED AGENT MUST SIGN

Date *12/6/06*

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	MAURICE BAKER	13364 BEACH BLVD 123	JAX, FL 32224
D	DAISY B GOGGINS	424 W 25th ST	JAX, FL 32206
D	TRACEY WILLIAMS	3864 PEARL ST	JAX, FL 32208
D	PAUL SANDER	1122 E 22nd ST	JAX, FL 32206
			600082392086 12/09/06--01024--001 **1042.00

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:

Maurice Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/06

Daytime Phone #

N92000000290

To whom it MAY CONCERN:

This Non Profit WAS STARTED IN
1993 - IT NEVER CONDUCTED BUSINESS

AND ~~WAS~~ TO MY KNOWLEDGE NEVER RECEIVED
A LETTER OF INTENT TO DISSOLVE CORPORATION
IN '93

Maw BL