

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # NA3000002419

1. Corporation Name Spanish American Club of Marion Oaks Inc.

Principal Place of Business P.O. Box 11215
Ocala, FL 34473

Mailing Address P.O. Box 11215
Ocala, FL 34473

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

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida
05-17-1993

5. FEI Number 59-0370570

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Jemith Rosa	2411 SW 146 Loop	Ocala, Florida 34473
V/D	Juana Pasco	14882 SW 48th Ave.	Ocala, Florida 34473
S/D	Crucita Aponte	10031 SW 31 Ct.	Ocala, Florida 34473
T/D	Nina Perez	14282 SW 34 Terr. Rd	Ocala, Florida 34473
D	Teofilo Burgos	14604 SW 45th Ct.	Ocala, Florida 34473

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lizardo Pasco 14882 SW 48 Ave. Ocala, Florida 34473		Name <u>Jemith Rosa</u> Street Address (P.O. Box Number is Not Acceptable) <u>2411 SW 146 Loop</u> Suite, Apt. #, Etc. City <u>Ocala</u> State <u>FL</u> Zip Code <u>34473</u>	
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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 12-11-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐ N/A

(See other side for information on intangible tax)
No Intangible Personal Property

12. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (352) 347-5496(H)
 Date Daytime Phone #
 (352) 506-8823
Beepel

CR2E040 (1/98)