PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 10 PM 12:02

REINSTATEMENT 2012

DOCUMENT # N93000004828

1. Corporation Name

Serenity Club of Clearwater Inc

400242003014
11/20/12--01029--003 **61.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
631 Turner St	631 Turner St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33756 Country: USA	Zip: 33756 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/93

5. FEI Number: 59-3206186 ☐ 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: Thomas McCorry

Street Address (P.O. Box Number is Not Acceptable): 631 Turner St.

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33756

REINSTATEMENT 2012

400242003014
12/10/12--01054--008 **183.75

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: Thomas McCorry Date: 11-15-12
REGISTERED AGENT MUST SIGN

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
P	Thomas McCorry	631 Turner St.	Clearwater, FL. 33756
V	Lindsey Laux	631 Turner St.	Clearwater, FL. 33756
S	David Jones	631 Turner St.	Clearwater, FL. 33756
T	Eric Morris	631 Turner St.	Clearwater, FL. 33756
	Jason Alfarano	631 Turner St.	Clearwater, FL. 33756

10. **E-mail Address:** SerenityClubClearwater@hotmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Thomas McCorry 11-15-12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

DEC 10 2012
D. BUTLER