

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005341

1. Corporation Name

ELITE SOCIAL CLUB OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

P O BOX 12081  
ST PETERSBURG FL 33733-2081  
US

P O BOX 12081  
ST PETERSBURG FL 33733-2081  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1993

5. FEI Number

59-3213204

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
PD	JENKINS, CYRUS	1218 13TH AVE SO.	SAINT PETERSBURG FL 33705
VD	JACKSON, BETTY	624-38TH ST SO.	SAINT PETERSBURG FL 33711
SD	<del>WALKER, JENNIFER</del> Hammud, Sheila	<del>1126 3RD AVE NO</del> 503-77th Ave North #112	SAINT PETERSBURG FL 33705 33702
TD	BOYD, SYLVIA	1150- 10TH AVENUE SOUTH	ST PETERSBURG FL
TD	BOYD, SYLVIA	1150-10TH AVE SO	SAINT PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

FOSTER, DAVID W  
555 FOURTH ST N  
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*(Signature)*  
REGISTERED AGENT MUST SIGN

Date 11/19/02

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

11/19/02

Date Daytime Phone #