

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 24 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004999

1. Corporation Name

THE BRANDON SERTOMA CLUB, INC.

Principal Place of Business

P.O. BOX 3961
BRANDON FL 33509
US

Mailing Address

P.O. BOX 3961
BRANDON FL 33509
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1994

5. FEI Number

59-3267240

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DUNNAM, PERCY	1924 SYDNEY RD	VALRICO FL
D	FERNANDEZ, JESSEE	1309 ESTATEWOOD DR	BRANDON FL
D	REINSTEIN, RICHARD WILSON, TOM	911 S PARSONS AVENUE 1805 TAMERLANE PL	BRANDON FL
S P	FERNANDEZ, SANDY ROBERTS, NORMAN	1309 ESTATEWOOD DR 2209 LUMSDEN RD.	BRANDON FL 33510 VALRICO FL 33594
T	WITTE, TIM	103 W MORGAN	BRANDON FL
B S	BRIDGES, PHYLLIS	10906 REAL SHORT ROAD	THONOTOSASSA FL 33592

8. Name and Address of Current Registered Agent

WITTE, TIM
103 W MORGAN
BRANDON FL 33510

9. Name and Address of New Registered Agent

Name 4000003157074--6
Street Address (P.O. Box Number is Not Acceptable) 03/03/00--01104--016
Suite, Apt. #, Etc. ***122.50 ***122.50
City 99-00AR State FL Zip Code

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 REQUIRED

Date 2/21/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 813-654-7162
Date Daytime Phone #

N9400004999

Request for wavier of reinstatement fee

We are a small service club with limited income, 100% of all money we receive goes charities in the community and members pay for operation of club. Due to some medical problems in club and other members filling in to help in this matter was overlooked. We hope you would be able to wavier the reinstatement fee. Your consideration is appreciated.

Respectfully

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Tim Witte
Treasurer