

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N94000005855

1. Corporation Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS RING NO.
117 MIKE ELLIS RING, INC.

Principal Place of Business

Mailing Address

5900 BISCAYNE DR.
LAKE WORTH FL 33463

5900 BISCAYNE DR.
LAKE WORTH FL 33463

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

11/29/1994

5. FEI Number

65-0542882

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	ADAMS, BILL J RICHARD ADLER	910 E COAST AVE 719 NATHAN HALE RD	LANTANA FL W. PALM BEACH FL 33405
VPD	ADAMS, BILL J JAY CUTLER	910 E COAST AVE SUITE 250 PALM CITY FL 34990 2740 SW MARTIN DOWNS BLVD	LANTANA FL
SD	SCHAEFER, AG Barnard, Scott	2825 PENNSYLVANIA BLVD 401 PO Box 1667	WEST PALM BEACH FL 33417 Hobe Sound FL 33425
T	MERCER, FRED Hein, Karl	2428 SE PENNY LANE 5199 1st Rd	STUART FL Lake Worth FL 33467
			800004745788--4 -12/31/01--01105--015 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LACROIX, ROLAND
5900 BISCAYNE DRIVE
LAKE WORTH FL 33463

Name

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

Suite, Apt. #, Etc.

City

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #