

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 22 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004197

1. Corporation Name

COUNTRYSIDE TOUCHDOWN CLUB, INC.

Principal Place of Business

COUNTRYSIDE HIGH SCHOOL  
3000 SR 580  
CLEARWATER FL 33761  
US

Mailing Address

COUNTRYSIDE TOUCHDOWN CLUB  
PO BOX 15225  
CLEARWATER FL 33766  
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

09/01/1995

5. FEI Number

NOT APPLICABLE

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
VD	REARDON, CINDY	2692 ENTERPRISE RD E	CLEARWATER FL 33759
PD	BANCROFT, JOHN	2145 MORNINGSIDE DR	SAFETY HARBOR FL 34695
SD	SHIBA, KATHY	2668 MCMULLEN BOOTH RD #1328	CLEARWATER FL 34695
TD	GORDON, WALT	1344 CADHAY CT	SAFETY HARBOR FL 34695
PD	COOK, PATRICK	2034 RAINBOW FARMS DR	SAFETY HARBOR, FL 34695

8. Name and Address of Current Registered Agent

BANCROFT, JOHN C  
2145 MORNINGSIDE DR  
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

COOK, PATRICK J

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

2034 RAINBOW FARMS DR

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

*John C Bancroft*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

100010430321  
01/22/03--01087--007 \*\*236.25

Date

1/3/03

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)(l), 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:

*Patrick J Cook*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/03/03 927-712-9423

CR2040 (8/02)