

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000001066

1. Corporation Name

THE ENTERTAINER'S CLUB INCORPORATED

Principal Place of Business

Mailing Address

120 N 5 STREET  
JACKSONVILLE BEACH FL 32250

120 N 5 STREET  
JACKSONVILLE BEACH FL 32250

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02/26/1996

SP

City & State

City & State

5. FEI Number

59-3472663

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ YES ☒ NO

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	PLUMMER, DAVID T	363 NORTH ROSCOE BLVD.	PONTE VEDRA BEACH FL 32082
D	DIXON, CHARLES E III	3113 CORAL REEF DRIVE	JACKSONVILLE FL
D	MACLEAN, MARK B	2619 PARENTAL HOME RD.	JACKSONVILLE FL 32216
D	GRANGER, DOC G	2402 W. CAPTIN HOOK DR.	JACKSONVILLE FL
			300003096743--1 -01/12/00--01098--019 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLUMMER, DAVID T  
120 N 5 STREET  
JACKSONVILLE BEACH FL 32250

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*David T. Plummer*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-30-99

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

DAVID T. PLUMMER

12-30-99

Date

(904) 246-8222

Daytime Phone #