

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUL 19 AM 11:07

SECRETARY OF STATE
JAIL HASSEFF, FLORIDA

DOCUMENT # **N97000000271**

1. Corporation Name

Daytona Beach Rugby Club, INC

2. Principal Office Address - No P.O. Box #

2211 N. Halifax Ave

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Zip

32118

Country

USA

Zip

Country

500288127045

07/19/16--01011--005 **297.50

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

1/17/1997

5. FEI Number

59-3420809

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Gerard Keating

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

318 Silver Beach Ave

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

Date

5/30/16

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James Brown	2211 N. Halifax Ave	Daytona Beach, FL 32118
VD	Brian Eschen	156 S Halifax Dr	Ormond Beach FL 32176
TD			
D	Brian Richardson	1309 Parkside Dr.	Ormond Beach, FL 32174
REINSTATEMENT			S. HAWKES
2015-2016			JUL 20 AM

10. E-mail Address:

brian.eschen@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Eschen

Date

7/14/16

Daytime Phone #

904 887 2100

EXAMINER