

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 2:04

DOCUMENT # **N97000004979**

1. Corporation Name

CONCH REPUBLIC AMATEUR WRESTLING CLUB, INC.

Principal Place of Business

2915 RIVIERA DR.
KEY WEST FL 33040

Mailing Address

P.O. BOX 2523
KEY WEST FL 33045



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

REINSTATEMENT

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

09/02/1997

5. FEI Number

65-0778879

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
D	KRANZ, ROBERT D	2915 RIVIERA DRIVE	KEY WEST FL 33040
D	BURTON, MICHAEL	1446 KENNEDY DR.	KEY WEST FL 33040
D	WILLIS, MARK	2712 STAPLES AVE.	KEY WEST FL 33040

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

KRANZ, ROBERT D
2915 RIVIERA DR.
KEY WEST FL 33040

9. Name and Address of New Registered Agent

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

Robert D. Kranz
REGISTERED AGENT MUST SIGN

Date

10/16/2000

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:

MARK L WILLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK L WILLIS
DIRECTOR TREASURER

10/28/00 305 292 7020
Date Daytime Phone #

CR2E040 (8/00)