

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000005631

1. Corporation Name

DUG OUT CLUB, INC.

Principal Place of Business

Mailing Address

302 MELLON ROAD
PALATKA FL 32177

P.O. BOX 321
PALATKA FL 32177

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

09/30/1998

5. FEI Number

59-3447204

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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	RICK, SHERRY Payne, Robert	674 BARORN RD 2700 FAIRWAY DRIVE	PALATKA FL 32177
DVP	CORINNA, MARY Lewis, Susan	1022 S. 32ND ST 111 KAREN PLACE	PALATKA FL 32177
D	BLACK, SANDRA K McDonald, Jimmy	149 TIMBER LANE RT 7 BOX 1728 111 PEAVINE COURT	PALATKA FL 32177
TD	AKERS, MICHAEL G Duty, DONNA	100 TIMBER LANE RT 7 BOX 1728 122 FRANCIS Church Road	PALATKA FL 32177
DVP	MOYE, W.C.	110 E. FURCO	PALATKA FL 32177
SD	GLARK, ELAINE	128 RASHEL RD	PALATKA FL 32177

8. Name and Address of Current Registered Agent

~~RICK, SHERRY~~
Payne, Robert
674 BARORN RD
PALATKA FL 32171
2700 FAIRWAY Drive
PALATKA, FL 32177

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert B. Payne

REGISTERED AGENT MUST SIGN

Date

4/20/04

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:

Donna Duty (Donna Duty)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/04

Daytime Phone #

328-8369
386-3251761

FILED

04 MAY -3 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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