

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007113

1. Corporation Name

HALLANDALE ATHLETIC CLUB CORPORATION

Principal Place of Business

Mailing Address

221 NW 7TH ST
HALLANDALE FL 33009

~~WILLIE CRAPPS~~
~~PO BOX 84~~
~~HALLANDALE FL 33008~~

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

1220 NW 155 LANE

HALLANDALE Athletic Club

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 2 APT #107

P.O. Box 84

City & State

City & State

Miami Fla

HALLANDALE Fla

Zip

Country

Zip

Country

33169

DADE

33008

Broward

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1998

5. FEI Number

65-0834746

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD PD	CRAPPS, WILLIE BURTON, Tim	047 NW 3RD CT 641 NW 4th Court	HALLANDALE FL 33009
VD VD	SMITH, SANDRA TAYLOR, Willie	100 NW 110TH DR 2381 SW 67th Way	CORAL SPRINGS FL 33071 MIRMAR FL 33023
SD SD	SAMUEL, LINDA ANDERSON, ADRIENNE	44725 NW 9TH AVE 621 NW 6th CT	MIAMI FL 33168 HALLANDALE, Fla 33009
TD TD	SCHULER, BRENDA SHULER, BRENDA	221 NW 7TH ST 1220 NW 155 LN BLDG 2 #107	HALLANDALE FL 33009 MIAMI FL 33169
			100004845501--7 -01/31/02--01004--001 ****245.00 ****245.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHULER, BRENDA
221 NW 7TH ST
HALLANDALE FL 33009

Name SHULER BRENDA

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

1220 NW 155 LN

Suite, Apt. #, Etc.

BLDG 2 APT #107

City

Miami

State

FL

Zip Code

33169

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

Brenda Shuler
REGISTERED AGENT MUST SIGN

Date

1/1/02

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:

Timothy Burton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/02

Daytime Phone #

954-963-8000
X8615