

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -9 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007113

1. Corporation Name

HALLANDALE ATHLETIC CLUB CORPORATION

2. Principal Office Address

7828 EMBASSY BLVD.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33023

Country

BROWARD

3. Mailing Office Address

HALLANDALE ATHLETIC CLUB

Suite, Apt. #, etc.

7828 EMBASSY BLVD

City & State

MIRAMAR FL

Zip

33023

Country

BROWARD

**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. Name and Address of Current Registered Agent

Name

MILDRED COFFIE

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

7828 EMBASSY BLVD

Suite, Apt. #, Etc.

City

MIRAMAR FL

State

FL

Zip Code

33023

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

Mildred Coffie

REGISTERED AGENT MUST SIGN

Date

4-22-03

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
PRES.	TIM OTHY, BURTON	641 NW 4TH COURT	HALLANDALE BEACH 33009
V. P	WILLIE, TAYLOR	2381 SW 67TH WAY	MIRAMAR, FL 33023
SECT.	ADRIENNE, ANDERSON	621 NW 6TH COURT	HALLANDALE FL 33009
TREA	MILDRED, COFFIE	7828 EMBASY BLVD	MIRAMAR FL 33023

10. 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

Timothy Burton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-03

Daytime Phone #

954 ext
987-2020 4809

CR2E081 (10/02)

91 5118

**Hallandale Athletic Club
Corporation**

7828 Embassy Boulevard
Miramar, FL 33023

April 30, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed a copy of reinstatement form and a personal check on behalf of the Hallandale Athletic Club in the amount of \$131.25. This fee is for last and current years reinstatement and the certificate of status. The organization has never received filing papers. Our registering agent has moved with no forwarding address. However, the organization has a new registering agent, the information is on the enclosed form.

We are requesting the late fees be waived for last and current years. We thank you in advance for your cooperation in this matter.

Sincerely,



Timothy Burton
President