

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N99000002515**

1. Corporation Name

Peace River Boxing Club, Inc.

2. Principal Office Address

3300 Tamiami Trail

Suite, Apt. #, etc.

Suite 102-A

City & State

Port Charlotte, FL

Zip

33952

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/23/99

5. FEI Number

65-0914519

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

MICHAEL P. HAYMANS

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

115 W. Olympia Ave

Suite, Apt. #, Etc.

City

Punta Gorda FL

State
FL

Zip Code

33950

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

Michael P. Haymans
REGISTERED AGENT MUST SIGN

Date

02/12/01

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
D	Mark Asperilla, M.D.	282 Fields Terr	Port Charlotte, FL 33952
D	Daniel Tufariello, M.D.	POB 3297	Port Charlotte, FL 33949
D	Michael Haymans	115 W. Olympia	Punta Gorda, FL 33950
D	Marc Hager	28200 Berment RD Apt. 16B	Punta Gorda, FL 33952
			100003801801--5 -03/06/01--01031--001 ***297.50 ***297.50

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:

Daniel V. Tufariello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/01

Daytime Phone #

941-766-7263

Daniel V. Tufariello

CR2E081 (9/00)