

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005285**

1. Corporation Name

FLORIDA CLUB CHARITY CLASSIC, INC.

Principal Place of Business

1380 SW KANNER HWY
STUART FL 34997

Mailing Address

1380 SW KANNER HWY
STUART FL 34997

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

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

08/27/1999

5. FEI Number

NB65-0956200

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COTTEN, GREGORY WILLIAM FOWLER	1380 SW KANNER HWY	STUART FL 34997
D	YOUNG, ANN M	1454 S.W. EAGLEGLLEN PLACE	STUART FL 34997
D	YOUNG, JAMES	1454 S.W. EAGLEGLLEN PLACE	STUART FL 34997

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8. Name and Address of Current Registered Agent

SOPKO, JAMES

2907 S.E. MONTEREY RD. **853 S.E. Monterey Commons AVE**
STUART FL 34996

9. Name and Address of New Registered Agent

Name

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

853 SE Monterey Commons Blvd

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

REGISTERED AGENT MUST SIGN

Date

11/2/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/2000

Date

Daytime Phone #

561-287-7575

CR2E040 (8/00)