


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katharine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000013818

1. Corporation Name

KLUB INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address

4690 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319

4690 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319

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

02/08/2000

5. FEI Number

65-0981763

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
PD	MCNEIL, PATRICK	4690 N.W. 39TH STREET	LAUDERDALE LAKES FL 33319
SD	CAMPBELL, KARL N	4911 N.W. 39TH STREET	LAUDERHILL FL 33313
TD	BROWN, MARCIA L	4690 N.W. 39TH STREET	LAUDERDALE LAKES FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCNEIL, PATRICK
4690 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319

Name

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

Suite, Apt. #, Etc.

City

708004669637 6

-11/06/01--01082--008

****750.00 ****750.00

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-19-01

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] MARCIA BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-01

Daytime Phone #

954-733-3338

CR2040 (801)