

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000315

**1. Corporation Name**

BEAVERS' BOYS CLUB, INC.

400043654704  
12/27/04--01095--006 \*\*300.00

**2. Principal Office Address**

5191 INAGUA WAY

Suite, Apt. #, etc.

City & State

NAPLES

Zip

FL

Country

34119

**3. Mailing Office Address**

2300 YORK ROAD

Suite, Apt. #, etc.

SUITE 210

City & State

TIMONIU, MD

Zip

21093

Country

USA

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

12/22/00

**5. FEI Number**

52-1738122

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

RICHARD M. MOGELMAN, ESQ.

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

150 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

#130

City

PLANTATION

State

FL

Zip Code

33324

**REINSTATEMENT 03-05**

**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

*Richard M. Mogelman*

Date 11-24-04

REGISTERED AGENT MUST SIGN

**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
CP	RICK A. JONES	2300 YORK ROAD, #210	TIMONIU, MD 21093
			400043654704 02/22/05--01024--014 **600.00
			400043654704 02/22/05--01024--015 **150.00

**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

*Rick A. Jones*

RICK A. JONES

11-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #