

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012854

1. Corporation Name

SOCIAL ATHLETIC CLUB INC.

Principal Place of Business

1429 W PRINCETON ST
ORLANDO FL 32804

Mailing Address

1429 W PRINCETON ST
ORLANDO FL 32804

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

02/05/2001

5. FEI Number

59-3695565

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
CEO	Judson Ford	1429 W Princeton St	Orlando, FL 32804

700008802977

11/05/02--01038--006 **158.75

8. Name and Address of Current Registered Agent

FORD, JUDSON
1429 W PRINCETON ST
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/02

Date

(407) 999-9969

Daytime Phone #

CR2E040 (8/02)



1429 w. princeton st.

orlando, fl 32804

407-999-9969

fax 407-999-9916

www.socialathleticclub.com

Dear Sir or Madam:

This letter is to inform you that the Social Athletic Club did not receive the 2 notices or UBR 's that were referred to in the Dissolution or Revocation letter. This being our first year-in-existence was not aware this form was required to be filed. While we understand ignorance of the requirement is not an excuse, we hope that we would be granted some leeway especially in the fact that both notices were not received. Next year we will obviously make sure this is taken care of in a timely manner. Thank you for your understanding.

Sincerely,

Judson Ford
President / CEO