#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P02000018854 DOCUMENT #

1. Corporation Name

### ONE HUNDRED AND ONE SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

1431 NW 31ST AVE., BAY NO. 0 AND 1 FT. LAUDERDALE FL 33311

1431 NW 31ST AVE., BAY NO. 0 AND 1

FT. LAUDERDALE FL 33311

FILED

03 NOV -3 AM 10: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATE	MENT 03
Date Incorporated or Qualified	

					DEIA	ISTATEN	MENT 03	
If above a	addresses are incorrect in any way, line th	nrough incorrect i	nformation a	nd enter correction below.	UEII	DIMES		
New Principal Office Address, If Applicable     3. New Maili			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     02/14/2002			
Suite, Apt. #, etc. Suite,		Suite, Apt. #,	ite, Apt. #, etc.		5. FEI Number		Applied For	
City & State	0	City & State	·····	<del></del>			Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	rida nonprofi	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		4	City / State / Zip	
PSTD >> -	HAMILTON, ALBERTA T	AMILTON, ALBERTA T 1431 NW 31ST AVE.			AND	FT. LAUDERDALE	FL 33311	
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- ·					40 11/03/	002438 03010810	4444 018 **150.00	
	·							
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******				<u> </u>				
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
t l A s an '	TON ALDEDTA T		-	Name				
HAMILTON, ALBERTA T 1431 NW 31ST AVE., BAY NO. 0 AND 1 FT. LAUDERDALE FL 33311			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
~		# - F	ere geraan	City	White	<u> </u>	State Zip Code	
10. I, being	g appointed the registered agent of the ab	ove named corpo	oration, am fa	miliar with and accept the ol	bligations of Sect	on 607.0505, F.S. or 6	17.0505, F.S.	
Signature o	Agelut Company	Han BEGISTERED AG	n Ja	SIGN		Date 10	<b>\$0</b> _03	
44 1								

1. 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

ON 30, 2003

As we spoke today, I tan Sending
back the Sign Papen, that were
Bent to me in earn what i needed
were a lenewal, Business Still
in the opening Stage;
be here is my Redeval Leein
the Imount of \$150.00 Pl

<del>-</del> .

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