

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/15/04--01069--014 **900.00

REINSTATEMENT 03-04

MRD

DOCUMENT # P02000066559

1. Corporation Name
CLUB \$59, INC.

2. Principal Office Address

Suite, Apt. #, etc.
SUITE 104

City & State
LARGO, FLORIDA

Zip
33773

Country
PINELLAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida, JUNE 17, 2002.

5. FEI Number
03-0469213

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
TERENCE G. HAGLUND

Street Address (P.O. Box Number is Not Acceptable)
12600 S. BELCHER ROAD

Suite, Apt. #, Etc.
SUITE 104

City
LARGO

State
FL

Zip Code
33773

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

Terence G. Haglund
REGISTERED AGENT MUST SIGN

Date
NOVEMBER 2, 2004

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
P, S, D	R. THOMAS KOLFENBACH	12600 S. BELCHER RD, STE 104	LARGO, FL 33773

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: *P. Thomas Kolfenbach* P. THOMAS KOLFENBACH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 2, 2004 727.532.1632

Date Daytime Phone #

CR2E061 (01/04)