

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000062795**

1. Corporation Name

Club Tobago, Inc.

2. Principal Office Address

1380 S. Babcock St.

Suite, Apt. #, etc.

3. Mailing Office Address

371 Old Bridge Rd.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

USA

City & State

East Northport, NY

Zip

11731

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/03

5. FEI Number

55-0834630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

MD 11/29

7. Name and Address of Current Registered Agent

Name

Joseph G. Colombo, Esquire

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

2351 W. Etna Bellie Blvd.

Suite, Apt. #, Etc.

Suite 1

City

Melbourne

State

FL

Zip Code

32935

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

Date

11/16/04

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
Pres.	Saverio Saverino	371 Old Bridge Road East Northport, NY 11731	East Northport, NY 11731

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:

Saverio Saverino
SAVERIO SAVERINO

Date

11-16-04

Daytime Phone #

917-769-4442

CR2081 (01/04)