

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 SEP 20 AM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 013000032786

1. Corporation Name

Club F.T. Ft. Lauderdale, INC

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1427 E. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

City & State

Florida

Zip

Country

Zip

Country

33334

7. Name and Address of Current Registered Agent

Name

Frank Smith

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

9900 Stirling Road

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33024

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2013

5. FEI Number

46-2519706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500290404795
03/20/16--01011--001 **750.00

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

REGISTERED AGENT MUST SIGN

Date 9/1/16

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	Camden Krishan	1427 E. Commercial Blvd	Oakland Park, FL 33334
			S. HAWKES
			SEP 21 AM
			EXAMINER

10. E-mail Address: corchgil@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/16

Date

984-684-0801

Daytime Phone #