

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94 0000 74473**

1. Corporation Name

FLORIDA CLUB MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**255 ALGIERS AVE
LAUDERDALE BY SEA, FL 33308-4434**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

255 ALGIERS AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA

City & State

Zip

FLORIDA

Country

33308-4434 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-7-94

5. FEI Number

65-0588531

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	THOMAS R. FARESE	255 ALGIERS AVE	LAUDERDALE BY THE SEA, FL. 33308
			999992315999-0 -10/09/97-01061-012 ****650.00 ****650.00
			999992315999-0 -10/09/97-01061-013 ****273.75 ****273.75

8. Name and Address of Current Registered Agent

**FRANK DECESARE
639 US 1
North Palm Beach, FL 33408**

9. Name and Address of New Registered Agent

Name
THOMAS R FARESE
Street Address (P.O. Box Number is Not Acceptable)
255 ALGIERS AVE
Suite, Apt. #, Etc.

City
LAUDERDALE By the Sea State
FL Zip Code
33308

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.

Signature of
Registered Agent

Thomas R. Farese

REGISTERED AGENT MUST SIGN

Date **9-1-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Thomas R. Farese THOMAS R. FARESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-1-97

Daytime Phone #

954 262-9992

REINSTATEMENT 96-97

CR20040 (12/96)