

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 16 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/30/01--01085--011
***1200.00 ***1200.00

DOCUMENT #

1. Corporation Name

P95000023260

Reliable Club Systems

2. Principal Office Address

2415 N. Monroe

3. Mailing Office Address

Same

Suite, Apt. #, etc.

810

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32303

Country

USA

Zip

Country

4. Date incorporated or qualified
to do business in Florida

3/22/95

5. FRI Number

593308807

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

Richard Bowman

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

9024 Shoal Creek Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/01

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	Richard Bowman	9024 Shoal Creek Dr.	Tallahassee, FL 32303
V	Robert A. Rosetti	2415 N. Monroe # 810	Tallahassee, FL 32303

REINSTATEMENT 98-01

[Signature]

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 1119.07(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

10/15/01

Date

850-386-4000

Telephone #

CR1001 (9/96)