

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 10 PM 3:09

DOCUMENT # P95000023260

1. Corporation Name

Reliable Club Systems

2. Principal Office Address

2415 N. Monroe

Suite, Apt. #, etc.

810

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

3/22/95

5. FEI Number

593308807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000011789380  
02/01/03--01075--040 \*\*900.00

**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 617.0503, F.S.

Signature of  
Registered Agent

Date

1/10/03

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
P	Richard Bowman	9024 Shoal Creek Dr.	Tall, FL 32303
V	Robert A. Rosetti	5153 Grandview Ct.	Tall, FL 32315

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/03

Daytime Phone #

850-386-4000

CR2E081 (11/02)

gr 1/10