

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082352**

1. Corporation Name

THE 7-NO CLUB INC.

Principal Place of Business

**775 NE 79 STREET #E
MIAMI FL 33138**

Mailing Address

**775 NE 79 STREET #E
MIAMI FL 33138**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1995

5. FEI Number

65-0641094

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	BROWN, GREGORY	775 NE 79 STREET #E	MIAMI FL 33138
VD	MITCHELL, DAVID	775 NE 79 STREET #E	MIAMI FL 33138
SD	CONEY, LINDA	775 NE 79 STREET #E	MIAMI FL 33138

100002000771--1
11/08/96 01890 013
*****375.00 ***375.00**

DB11-7-96

8. Name and Address of Current Registered Agent

**BROWN, GREGORY
775 NE 79 STREET #E
MIAMI FL 33138**

9. Name and Address of New Registered Agent

Name **Brown, Gregory A.**
Street Address (P.O. Box Number is Not Acceptable)
19705 NW 28TH CT
Suite, Apt. #, Etc. **---**
City **OPA LOCKA** State **FL** Zip Code **33056**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-07-96**

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 807 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-96 **(305) 625-9979**
Date Daytime Phone