

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

06 DEC -8 PM 1:27

DOCUMENT # P96000053631

1. Corporation Name

The Club Family Sports Complex, Inc.

REINSTATEMENT

CR2E081 (12/05)

05-06

2. Principal Office Address

1230 Crane Cove Blvd.

3. Mailing Office Address

1230 Crane Cove Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563 (3)

Country

Zip

32563 (3)

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/1996

5. FEI Number

59-3390442

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

Charles A. Emling, III

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

605 Chesapeake Drive

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

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	Charles A. Emling, III	605-Chesapeake Drive	Gulf-Breeze, FL 32561
VP	Penny E. Emling	605 Chesapeake Drive	Gulf Breeze, FL 32561

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12/08/05--01024--023 **900.00

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 contained in Chapter 119, 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

12/6/2006

Date

352.916-7946

Daytime Phone #