

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 20 AM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **096000053631**

1. Corporation Name

The Club-A Family Sports Complex, Inc

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, Florida

City & State

Gulf Breeze, Florida

Zip

32563

Country

US

Zip

32563

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

6-20-96

5. FEI Number

59 33 90442

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

400021143754

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

Charles A. Emling, III

REGISTERED AGENT MUST SIGN

Date **6-23-2003**

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
Pres	Charles A. Emling, III	605 Chesapeake Drive	Gulf Breeze, Florida 32561
Vice Pres	Penny E. Emling	605 Chesapeake Drive	Gulf Breeze, Florida 32561

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:

Charles A. Emling, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-2003

Date

850-465-1304

Daytime Phone #

CR2E081 (10/02)

7/6/26