

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 15 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000068801

1. Corporation Name

MEN'S CLUB OF PALM BEACH, INC.

2. Principal Office Address

1540 SW 47 TERR

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33317

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ 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

LEWIS W. CURRIER III.

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

1540 SW 47 TERR

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

400003832104-1

03/22/01-01013021

****908.75-****908.75

REINSTATEMENT

State

FL

Zip Code

33317

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

Lewis W. Currier III

REGISTERED AGENT MUST SIGN

Date 3/13/2001

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
PRESIDENT	Larry J. Abromavich	872 NAPA DRIVE	BOCA RATON FL 33487
D	Linda Eilbert	5511 Hamlet Hills Ct.	FAIRFAX VA 22030
D	Shelly Campbell	2615 Colgate Ct	LAKE WORTH, FL 33460

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

3/13/2001

Date

Daytime Phone #

CR2E081 (9/00)