

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068801

1. Corporation Name

MEN'S CLUB OF PALM BEACH, INC.

7000008967317
11/13/02--01057--017 **\$58.75
REINSTATEMENT 02

2. Principal Office Address

1540 S.W. 47th Terrace

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33317

Country

3. Mailing Office Address

1540 S.W. 47th Terrace

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33317

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1997

5. FEI Number

65-1082639

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 S.W. 47th Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/03/2002**

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 |
|--------|--------------------------------------|---|--------------------------|
| PSTD | Larry J. Abromavich | 1540 S.W. 47th Terrace | Ft. Lauderdale, FL 33317 |
| D | Linda Eilbert | 5511 Hamelt Hills Ct. | Fairfax, VA 22030 |
| D | Shelly Campbell | 2615 Colgate Ct. | Lake Worth, FL 33460 |
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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] **LARRY J. ABROMAVICH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-8-02

Daytime Phone #

561-502-8645

CR2ED01 (8/01)

js 11/11