

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 10 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096193

1. Corporation Name

PROFESSIONAL CLUB SERVICES OF AMERICA

REINSTATEMENT 07

2. Principal Office Address

11691 GATEWAY BLVD

Suite, Apt. #, etc.

#104

City & State

FT MYERS FL

Zip

33913

Country

USA

3. Mailing Office Address

11691 GATEWAY BLVD

Suite, Apt. #, etc.

#104

City & State

FT MYERS FL

Zip

33913

Country

USA

200025387812

12/10/03--01034--011 **750.00

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

11/12/97

5. FEI Number

59-3477786

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

ROBERT L. SARVER II

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

11691 GATEWAY BLVD

Suite, Apt. #, Etc.

#104

City

FT MYERS

State

FL

Zip Code

33913

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

Robert L. Sarver II

REGISTERED AGENT MUST SIGN

Date 12-8-03

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 |
|------------|--------------------------------------|---|--------------------------|
| <u>PD</u> | <u>ROBERT L. SARVER II</u> | <u>9233 PINEAPPLE RD</u> | <u>FT MYERS FL 33912</u> |
| <u>VPD</u> | <u>JOHN C. SARVER</u> | <u>9232 PINEAPPLE RD</u> | <u>FT MYERS FL 33912</u> |
| <u>ST</u> | <u>REBECCA L. SARVER</u> | <u>9233 PINEAPPLE RD</u> | <u>FT MYERS FL 33912</u> |
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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:

Robert L. Sarver II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03

Date

239-415-1110

Daytime Phone #

CR2E081 (10/02)