

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -3 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024860

1. Corporation Name

CLUB MEDICAL, INC.

Principal Place of Business

2500 N. MILITARY TRAIL, SUITE 175
BOCA RATON FL 33431

Mailing Address

2500 N. MILITARY TRAIL, SUITE 175
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6600 W. Atlantic Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6600 W. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33446

Country

USA

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

5. FEI Number

65-0906616

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	DANE, MICHAEL	6600 W. Atlantic Ave.	Delray Beach, FL 33446

700003099137--9
-01/14/00--01072--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LAW OFFICES OF STUART R. MORRIS, P.A.
2500 N. MILITARY TRAIL, SUITE 175
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Stuart R. Morris, P.A.

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

Morris & Pratt 2500 N. Military Tr.

Suite, Apt. #, Etc.

Suite 175

City

Boca Raton

State

FL

Zip Code

33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/28/99

11. 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

12/28/99 954-410-9600

Date

Daytime Phone #