

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 31 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000067605
1. Corporation Name
TAMARAC BRIDGE OPERATING CLUB

800004765198--1
-01/10/02--01065--004
****750.00 ****750.00

2. Principal Office Address
19668 OAKBROOK CIR ← (Same)

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLA

Zip

Country

Zip

Country

33434

4. Date Incorporated or Qualified
To Do Business in Florida JULY 1998

5. FEI Number

Applied For

ID No 650862607

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33319

ROBERT TAYLOR

STANLEY KAUFELT

6463 W. COMMERCIAL BLVD

19668 OAKBROOK CIR
BOCA RATON, FLA

TAMARAC, FLA

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

Stanley P. Kaufelt
REGISTERED AGENT MUST SIGN

Date NOV. 12, 01

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>STANLEY P. KAUFELT</u>	<u>19668 OAKBROOK CIR</u>	<u>BOCA RATON FLA, 33434</u>
	<u>PRESIDENT & SEC.</u>		
	<u>DIRECTOR</u>		

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:

Stanley P. Kaufelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 12, 01 / 561 / 483 / 9049
Date Daytime Phone #

CR2081 (9/00)