

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070898

1. Corporation Name

CLUBSYSTEMS GROUP, INC.

Principal Place of Business

Mailing Address

101 GREENWOOD AVE., STE 420
JENKINTOWN PA 19046

101 GREENWOOD AVE., STE 420
JENKINTOWN PA 19046



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1999

5. FEI Number

23-2468307

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SALESKI, DONALD	101 GREENWOOD AVE., STE 600	JENKINTOWN PA 19046
STVP	WISNIEWSKI, ROBERT E	101 GREENWOOD AVE., STE 600	JENKINTOWN PA 19046
DCEO	SWINK, MICHAEL G	101 GREENWOOD AVE., STE 600	JENKINTOWN PA 19046
VPE	Lyle, Susan	101 Greenwood Ave	Jenkintown PA 19046
EVP	Detweiler, Amanda	101 Greenwood Ave	Jenkintown PA 19046
000024101990 10/27/03--01019--009 **750.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/15/03

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

Date

Daytime Phone #

10/9/03 215-887-2515