

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S07163

1. Corporation Name

THE PLAYER'S CLUB INC.

Principal Place of Business

9125 RIDGE RD
NEW PORT RICHEY FL 34654
US

Mailing Address

9125 RIDGE RD
NEW PORT RICHEY FL 34654
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1990

5. FEI Number

59-3028375

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VOGEL, DEBORAH	7510 IRONBARK	PORT RICHEY FL LS
V	SOULE, LORELEI A.	7510 IRONBARK	PORT RICHEY FL

888883050100--1
-11/19/99--01087--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BILLINGHAM, PETER A.
901 M L KING JR DRIVE
STE 610
TARPON SPRINGS FL 34689

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.

Signature of
Registered Agent

Deborah Vogel

REGISTERED AGENT MUST SIGN

Date 11-2-99

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

Deborah Vogel

Date

11-2-99

Daytime Phone #

FILED

99 NOV 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR25040 (8/99)