

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 AM 9:48

DOCUMENT # **S22211**

1. Corporation Name

FRATERNAL SOCIAL CLUB, INC.

Principal Place of Business

**4695 NO STATE RD 7
LAUDERDALE LAKES FL 33319
US**

Mailing Address

**PO BOX 2157
HALLANDALE FL 33009-2157
US**

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

3761 NW 79 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs

City & State

City & State

FLA.

Zip

Country

Zip

Country

33065

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1990

5. FEI Number

65-0234355

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
DP	BORJA, LUIS	4695 N STATE RD 7	LAUDERDALE LAKES FL 33319

**09-13-00 90001 001 \$150.00
002 5.00**

7000003459407--0

-11/09/00-01101-003

******603.75 ****603.75**

8. Name and Address of Current Registered Agent

**BORJA, LUIS
4695 N STATE RD 7
LAUDERDALE LAKES FL 33319**

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-24-00**

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 REQUIRED Borja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-24-00 954 673 87 41
954 614 42 69**

CR20040 (800)