

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V43320**

1. Corporation Name

CLUBSYSTEMS HOLDINGS, INC.

Principal Place of Business

101 GREENWOOD AVE.
STE 420
JENKINTOWN PA 19046
US

Mailing Address

101 GREENWOOD AVE.
STE 420
JENKINTOWN PA 19046
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

06/12/1992

5. FEI Number

65-0339269

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
DCEO	SWINK, MICHAEL G	101 GREENWOOD AVENUE, SUITE 420	JENKINTOWN PA 19046
D	VINES, RICHARD	GEOCAPITAL PARTNERS, 2 EXECUTIVE	FORT LEE NJ 07024
EMPT SECT	WISNIEWSKI, ROBERT E LYLE, SUSAN	101 GREENWOOD AVE., STE. 420	JENKINTOWN PA 19046
CD	LEPARD, LAWRENCE W.	GEOCAPITAL PARTNERS, 2 EXECUTIVE	FORT LEE NJ 07024
D	RAMOS, JR., WALTHER	200 W. MONTGOMERY AVENUE	ARDMORE PA 19003
D	FLYNN, II, STEPHEN E	200 W. MONTGOMERY AVE.	ARDMORE PA 19003

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 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. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Susan Lyle

Susan Lyle

10/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-887-2315

Date

D

FILED

03 OCT 27 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2040 (7/03)