

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 24 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **705729**

1. Corporation Name

**MIAMI YACHT CLUB, INC.**

Principal Place of Business

1001 MACARTHUR CAUSEWAY  
MIAMI FL 33132

Mailing Address

1001 MACARTHUR CAUSEWAY  
MIAMI FL 33132

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

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0681086

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	JORDAN, JAMES M DAVID QUICK	1001 MACARTHUR CSWY	MIAMI FL
VD	AMENDOLA, NICK JACK SCHUH	1001 MCARTHUR CSWY	MIAMI FL
TD	JORDAN, GAIL DWIGHT Hill	1001 MACARTHUR	MIAMI FL
S	RETKOWSKI, JOHN	1001 MACARTHUR CSWY	MIAMI FL

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-01/07/99--01086--003  
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*DB 12/29*

8. Name and Address of Current Registered Agent

JORDAN, JAMES M  
1001 MACARTHUR CSWY  
MIAMI FL 33132

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *12/02/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-377-9877

*12/02/98*

Date Daytime Phone #

CR2E040 (8/98)