PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 DEC -6 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732454**

1. Corporation Name

THE TROPICAL SHORES CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
1601 LIVINGSTONE ST SARASOTA FL 34231	1601 LIVINGSTONE ST SARASOTA FL 34231

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

REINSTATEMENT

4. Date Incorporated/Qualified To Do Business In Florida: 04/15/1975

5. FEI Number: 59-1030574 | 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	~~PARIS, LES~~ Gail Rosenberg	~~1673 JOYCE STREET~~ 1705 Wharf	~~SARASOTA FL 34231~~ Sarasota, FL 34231
~~D T~~	~~FLETCHER, TERESA~~ Charles Reist	~~6727 DUNMORE DRIVE~~ 1613 Livingstone	~~SARASOTA FL 34231~~ Sarasota, FL 34231
~~D~~ S	PAUL, AMY	~~1160 COLLEN~~ 1663 Colleen	SARASOTA FL 34231
~~S~~ D	~~WERNER, SHARON~~ Don Packer	~~6615 DUNMORE DR~~ 1638 Bayonne	~~SARASOTA FL 34231~~ Sarasota, FL 34231
D	ROMANCE, MARK	1627 WHARF RD	SARASOTA FL 34231
~~VP~~ D	~~HERBOLD, ROBERT~~ Bob Bruce	~~1663 BAYONNE STREET~~ 1673 Joyce	~~SARASOTA FL~~ Sarasota, FL 34231

8. Name and Address of Current Registered Agent

~~RIEMBAUER, STEPHEN~~
~~6700 DUNMORE DRIVE~~
~~1651 JOYCE CT~~
~~SARASOTA FL 34231~~ 200003069562--9
-12/14/99--01080--005
*****236.25 *****236.25

9. Name and Address of New Registered Agent

Name: Amy PAUL
Street Address (P.O. Box Number is Not Acceptable): 1663 COLLEEN ST.
Suite, Apt. #, Etc.: SARASOTA
City: SARASOTA | State: FL | Zip Code: 34231

CR2E040 (8/99)

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: Amy W. Paul Date: 10/30/99
REGISTERED AGENT MUST SIGN

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: Amy W. Paul 10/30/99 941-966-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061267 AF