

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

MOVED
AND
FILED

1997 DEC - 3 PM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763471

1. Corporation Name

ANCHORAGE RESORT AND YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**MILE MARKER 107.8
KEY LARGO FL
US**

Mailing Address

**107800 OVERSEAS HWY.
KEY LARGO FL
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

05/27/1982

5. FEI Number

65-0015353

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CUMMINGS, ROBERT	305 BUTTONWOOD DR	KEYLARGO FL
TD	CORNELL, CLIFFORD	98310 OVERSEAS HWY.	KEY LARGO FL
			600002341926--4 -11/07/97--01098--021 ****236.25 ****236.25

REINSTATEMENT '97

SCC 11-3-97

8. Name and Address of Current Registered Agent

**CULLEN, RUSSELL H.
99228 OVERSEAS HWY
KEY LARGO FL 33037**

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

REGISTERED AGENT MUST SIGN

Date

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:

Robert Cummings
Robert Cummings, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/97

Date

305 451-0500

Daytime Phone #

CR2E040 (8/97)