

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 21 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Venice INLET SURF CLUB

NO1000000718

REINSTATEMENT 02-03

300013989703
03/12/03--01042--005 **236.45

2. Principal Office Address

414 BAYVIEW PKWY

3. Mailing Office Address

P.O. BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip

34275

Country

SARASOTA USA

Zip

34274

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

1-31-2001
10-25-00

5. FEI Number

65-1049583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK ROBERT GOGGANS

Street Address (P.O. Box Number is Not Acceptable)

414 BAYVIEW PARKWAY

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark R. Goggans

Date 2-3-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice Pres	Bill Tweedie	471 NORTH SHORE DR	OSPREY FL 34229
Treas	DAVE RICHARDS	304 PINE ROAD	NOKOMIS FL 34275
Sec	ANNE GOGGANS	414 BAYVIEW PARKWAY	NOKOMIS FL 34275
Dir	Rick Land	217 PARK BLVD NORTH	VENICE FL 34285
Dir	Tom Brothers	451 NORTH SHORE RD	OSPREY FL 34229
Dir	MANUEL HEREDIA	409 PARK Lane DR	VENICE FL 34285

10. 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:

Mark R Goggans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

941-485-3865

Daytime Phone #

CR2E081 (10/02)