

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N 24825

1. Corporation Name

St. Lucie River Yacht Club, Inc.

2. Principal Office Address

2514 SE Anchorage Cove

3. Mailing Office Address

Post Office Box 65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

City & State

Jensen Beach, Florida

Zip

34952

Country

Zip

34958

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1988

5. FEI Number

65-0089630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Forte, Lorraine

100003390341-9

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

1274 N.E. Business Park Pl.

02/12/00-01075-013
***358.75 ***358.75

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

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

Lorraine H. Forte

REGISTERED AGENT MUST SIGN

Date

8/25/00

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
PD	Ostrander, Elaine	2514 SE Anchorage Cove	Port St. Lucie, FL 34952
VPD	Ostrander, Don	2514 SE Anchorage Cove	Port St. Lucie, FL 34952
D	Esposito, Carlo	2520 SE Anchorage Cove	Port St. Lucie, FL 34952
D	Befumo, Joe	2518 SE Anchorage Cove	Port St. Lucie, FL 34952

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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:

Elaine Ostrander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/00

Daytime Phone #