PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 12 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/02--01131--001 **236.25

REINSTATEMENT 02

DOCUMENT # **N95000000490**

1. Corporation Name

ALANO BEACH CLUB, INC.

Principal Place of Business	Mailing Address
4615 GULF BLVD SUITE 112 ST PETE BEACH FL 33736 US	P O BOX 66793 SUITE 112 ST PETE BEACH FL 33736-6793 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **01/27/1995**

5. FEI Number: **59-3240397** ☐ 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	4 City / State / Zip
D P	~~KLEK, GLORIA~~ MULLIGAN, TIM	~~4160 35TH TERRACE S #490~~ 4615 Gulf Blvd, Suite 112	~~SAINT PETERSBURG FL 33711~~ St. Pete Bch, FL 33736
D S	~~HARDMAN, RAY~~ FISHER, TINA	~~6608 SUNSET WAY #117~~ 4615 Gulf Blvd, Ste 112	~~ST PETE BCH FL~~ St. Pete Bch, FL 33736
DT	~~KELDERHOUSE, THOMAS D~~ SMILES, DIANA M.	~~1100 PINELLAS BAYWAY G-3~~ 4615 Gulf Blvd, Ste 112	~~ST PETERSBURG FL~~ St Pete Bch, FL 33736
~~DS~~ D	~~SMILES, DIANE~~ MAIER, GARY	~~6281 BAHIA DEL MAR CIR #107~~ 4615 Gulf Blvd, Ste 112	~~ST PETERSBURG FL~~ St Pete Bch, FL 33736
D	SMITH, RON	4615 Gulf Blvd, Ste 112	St Pete Bch, FL 33736

8. Name and Address of Current Registered Agent

KELDERHOUSE, THOMAS D
1100 PINELLAS BAYWAY
#G-3
ST. PETERSBURG FL 33715-2102

9. Name and Address of New Registered Agent

Name: JOHNSON, BRIAN E.
Street Address (P.O. Box Number is Not Acceptable): 7190 Seminole Boulevard
Suite, Apt. #, Etc.:
City: Seminole | State: FL | Zip Code: 33772

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Brian E. Johnson SIGNATURE REQUIRED Date: 10/29/02
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: SIGNATURE REQUIRED President 10/29/02 (727) 363-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #