

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708714**

1. Corporation Name

Ocean Terrace Beach Club, Inc.

WOL-1090

2. Principal Office Address

220 Ocean Terrace

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip
33480

Country

Palm Beach

3. Mailing Office Address

220 Ocean Terrace

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip
33480

Country

Palm Beach

4. Date Incorporated or Qualified

To Do Business in Florida

5. FFL Number

65-0680322

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

William John Mikus

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

220 Ocean Terrace

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

Date **01/05/2006**

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
P	Ellen Asplundh	1334 North Lake Way	Palm Beach, FL 33480
VP	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480
T	William John Mikus	220 Ocean Terrace	Palm Beach, FL 33480
S	James S. Simpson	1333 North Lake Way	Palm Beach, FL 33480

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 contained in Chapter 119, 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

William John Mikus

01-05-2006 (561)514-0975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #