PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

702781

1. Corporation Name

GULF HARBORS YACHT CLUB, INC.

Principal Place of Business

Mailing Address

3926 MARINE PARKWAY

3926 MARINE PARKWAY

FILED

02 NOV -6 AM 9:21

SEURLIMAY OF STATE TALLAHASSEE, FLORIDA

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| NEW PORT HIGHET PL 34632 | | | NEW PORT RICHEY FL 34652 | | | E LOUVILL BERLI BOTTO TION TERM THIS LIES BIRTH | | |
|--|--------------------------------------|--------------------------------|--------------------------|--|---|---|---|-------------------------------|
| If above | addresses are | incorrect in any way, line the | rough incorrect | information and ente | r correction below. | EMST | TATEMEN | 102 |
| New Principal Office Address, If Applicable 3. New Ma | | | | ling Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 08/14/1961 5. FEI Number | | |
| Suite, Apt. #, etc. Suite, Apt. 4 | | | | , etc. | | | | |
| City & State City & Sta | | | | 0 | | 59-1714051 | | Applied For Not Applicable |
| Zip Country | | Zip Country | | try | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status | | | |
| 7. Names | and Street Ad | dresses of Each Officer and | or Director (Flo | orida nonprofit corpo | rations must list at lea | ast 3 directors) | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / | / State / Zip |
| C | KING, JOS WENC | I | 0 7d | 4820 MITCHER AD 11115 Rollingwood Dr. | | | NEW PORT RICHEY | FL 34652 FL 34668 |
| VC | Flynn, Bette | | | 1913 Tumbleweed Dr. | | | HOLIDAY F | FL 34852~ |
| RC - | -MANLIO, FERDINAND, Conuay, Alice | | | -5441 WEST SHORE DR 6640 Garden Palm | | | NEW PORT RICHEY! | FL 34652 |
| D | -LEMON, JOHN | | | - 8520-PINE WALK-DR | | | NEW PORT RICHEY | FL 34652 |
| D | Champanois, David | | | 3907 Marine Parkway | | | NEW PORT RICHEY-F | ey Fl. 34652 |
| | Shuman, James | | | 7748 Burnet Lane | | | NewPort Rich | - |
| Ť | JANIK, ARDYTH | | | 4441 GARNET-DRIVE | | | NEW PORT RICHEY-F | - · |
| رد_ | HAWL 8. Name | e and Address of Current F | Registered Age | 3905 Fairchild ct | | | New Fort Rick Address of New Registere | |
| LEMON; JOHN E-SR- 4051-PERRY PLACE- NEW PORT RICHEY FL 34652 | | | | Brofin | Name MARTIN HAWLEY Street Address (P.O. Box Number is Not Acceptable) 8905 FAIRCHILD CT Suite, Apt. #, Etc. City New Port Richey State Zip Code FI 34654 | | | |
| 10. I, being | appointed the | registered agent of the abov | re named corpo | ration, am familiar w | ith and accept the ob | | | 505, F.S. |

Signature of Registered Agent

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.