

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -7 PH 2:41

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # 704357

1. Corporation Name  
The North Port Yacht Club, Inc.

*[Handwritten signature]*

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 7048

North Port Fl.

34287

Sarasota

REINSTATEMENT 0406  
CR2E081 (12/05)

*WSP*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-6179969

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

Diane C. Murphy

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

206 McDill Dr.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

300067882663

03/15/06-01009-006 \*\*168.75

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

Diane C. Murphy

Date 3-3-06

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
<u>President</u>	<u>Alfred De Bonis</u>	<u>18650 Lakewood</u>	<u>Port Charlotte, Fl. 33948</u>
<u>Vice President</u>	<u>Donald Dorfer</u>	<u>6348 Kenwood Dr.</u>	<u>North Port, Fl. 34287</u>
<u>Secy/Treas</u>	<u>Diane C. Murphy</u>	<u>206 McDill Dr</u>	<u>Port Charlotte, Fl 33953</u>

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: Diane C. Murphy - Diane C. Murphy 3-3-06 941-625-9722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007

March 3, 2006  
P.O. Box 7248  
North Port, Fl., 34287

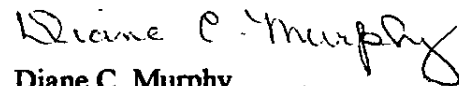
To Whom It May Concern:

Due to the hurricanes that the West Coast of Florida has received in the last two years, we had to change our P.O. Box #. We have not received a report form since 2003.

We would appreciate it if you could waive the reinstatement fee.

If you should have any further questions please feel free to contact me at 941-625-9722 or 941-286-5170.

Sincerely,



Diane C. Murphy  
Secretary/Treasurer  
North Port Yacht Club.