

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706073

1. Corporation Name

SHORELINE CLUB, INC.

2. Principal Office Address

1692 Gulfshore Blvd N

Suite, Apt. #, etc.

City & State

Naples FL

Zip
34102

Country

3. Mailing Office Address

745-12th Avenue South

Suite, Apt. #, etc.

Suite AA

City & State

Naples, FL

Zip

34102

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/63

5. FEI Number

59-1115818

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

Moore Property Management, Inc.

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

745-12th Avenue South

Suite, Apt. #, Etc.

Suite AA

City

Naples

600027523056

02/24/04--01051--003 **61.25

600027523056

01/23/04--01053--004 **249.00

State

FL

Zip Code

34102

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

Brenda Pederson

Date

1/20/04

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
PD	Art Anselmo	1702 Gulfshore Blvd N	Naples FL 34102
D	Allen Cross	1686 Gulfshore Blvd N	Naples FL 34102
VPD	Scott Vallergera	1690 Gulfshore Blvd N	Naples FL 34102
SD	Albert Lieberman	1696 Gulfshore Blvd N	Naples FL 34102
TD	Yvonne Santos	1682 Gulfshore Blvd N	Naples FL 34102

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:

Scott Vallergera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

Date

239 262 5051

Daytime Phone #

CR2E081 (10/02)