

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 SEP 17 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706428

1. Corporation Name

RIVERSIDE CLUB OF FORT MYERS, INC.

2. Principal Office Address - No P.O. Box #

1900 Clifford Street

3. Mailing Office Address

76 Pondella Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

Fort Myers

City & State

North Fort Myers

Zip

33901

Country

USA

Zip

33903

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/12

5. FEI Number

46-0952018

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

Mark Axford/GSC, LLC D/B/A Gulf Shore Cam

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

76 Pondella Road

Suite, Apt. #, Etc.

Suite 201

City

North Fort Myers

State

FL

Zip Code

33903

000239687870
09/17/12--01047--009 **2625.00

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

Mark Axford

REGISTERED AGENT MUST SIGN

Date: 9/12/12

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
DP	Mike Senek	1900 Clifford Street #601A	Fort Myers, FL 33901
DVP	Gloria Rael	1900 Clifford Street #601	Fort Myers, FL 33901
DS	Vince Kelly	1900 Clifford Street #605	Fort Myers, FL 33901
D	Allen Kavanaugh	1900 Clifford Street #207	Fort Myers, FL 33901
DT	Mike Tilka	1900 Clifford Street #103	Fort Myers, FL 33901

10. E-mail Address: maxford@gulfshorecam.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael C. Senek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/12

Date

239-400-0376

Daytime Phone #

MICHAEL C. SENEK

2102 / 1 DES