

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713600

1. Corporation Name

Del Mar Club, Inc.

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

1300 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

3. Mailing Office Address

1300 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

US

City & State

Naples, FL

Zip

34102

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11.9.1967

5. FEI Number

59-1277711

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

TREISER & COLLINS, P.L.

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

3080 Tamiami Trail East

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

500281217675
02/17/16--01021--032 **\$1.25

500281217675
01/20/16--01028--028 **\$266.25

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

REGISTERED AGENT MUST SIGN

Date ~~4-13-2016~~ 1.13.2016

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/D	Colleen Walker	1300 Gulf Shore Blvd. N. #111	Naples, FL 34102
V/D	Edward Peters	1300 Gulf Shore Blvd. N. #408	Naples, FL 34102
T/D	Robert Scandone	1300 Gulf Shore Blvd. N. #600	Naples, FL 34102
S/D	Bernard Keating	1300 Gulf Shore Blvd. N. #604	Naples, FL 34102
D	John Molloy	1300 Gulf Shore Blvd. N. #707	Naples, FL 34102

REINSTATEMENT

FEB 17 2016

R. HUNT

10. E-mail Address: Delmar@delmarclub.comcastbiz.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.13.2016 2396494900

Date

Daytime Phone #