

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715733**

1. Corporation Name

**St. Petersburg Shell Club, Inc**

2. Principal Office Address - No P.O. Box #  
**11771 96th Place**

Suite, Apt. #, etc.

City & State  
**Seminole FL**

Zip Country  
**33772 USA**

3. Mailing Office Address  
**P. O. Box 3472**

Suite, Apt. #, etc.

City & State  
**Seminole, FL**

Zip Country  
**33775 USA**

**REINSTATEMENT**  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida **2/19/1980**

5. FEI Number  
**59-6151733**

☐ 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  
**Betty Lipe**

Street Address (P.O. Box Number is Not Acceptable)  
**11771 96th Place**

Suite, Apt. #, Etc.

City State Zip Code  
**Seminole FL 33772**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

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
P	Martin Tremor	5201 37th Street S	St. Petersburg, FL 33771
VP	Betty Fearn	1218 Bayshore Blvd	Clearwater, FL 33759
S	Alice Monroe	2468 Timbercrest Circle West	Clearwater, FL 33763
T	Betty Lipe	11771 96th Place	Seminole, FL 33772
		<b>M. MILLIGAN EXAMINER</b>	
			300171598953 03/09/10--01004--017 **306.25

10. E-mail Address: **blipe@tampabay.rr.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., 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.

SIGNATURE:

*Betty Lipe*

*Betty Lipe*

3-8-10 127/30-8247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #