

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738607

1. Corporation Name

SANDESTIN YACHT CLUB, INC.

Principal Place of Business

Mailing Address

381 GOLFVIEW DR
SANDESTIN
DESTIN FL 32541

361 GOLFVIEW DR
SANDESTIN
DESTIN FL 32541



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 9300 Highway 98 West Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 9300 Highway 98 West Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/08/1977	
City & State Destin, FL		City & State Destin, FL		5. FEI Number 59-2487207	
Zip 32541		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MAIN, JOHN F	361 GOLFVIEW DR	DESTIN, FL 00000
D	MAIN, BETTY J	361 GOLFVIEW DRIVE	DESTIN FL
D	JENKINS, PATRICIA M	520 BEACH DRIVE	DESTIN FL
P	Stange, Mike	9300 Highway 98 West	Destin, FL 32541
T	Askew, Vance	9300 Highway 98 West	Destin, FL 32541
D	Bobcock, Rob	9300 Highway 98 West	Destin, FL 32541

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAIN, JOHN E 361 GOLFVIEW DR DESTIN FL 32541		Name Askew, Vance Street Address (P.O. Box Number is Not Acceptable) 9300 Highway 98 West Suite, Apt. #, Etc.		City Destin State FL Zip Code 32541	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11-19-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *[Signature]* **SIGNATURE REQUIRED** Mike Stange, President Date 11-19-98 850-267-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)