

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741575

1. Corporation Name

Everglades City Club Restaurant & Marina, Inc.

2. Principal Office Address

200 Collier Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 108

Suite, Apt. #, etc.

City & State

Everglades City, FL

City & State

Everglades City, FL

Zip

34139

Country

U.S.

Zip

34139

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

George P. Langford

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

3357 Tamiami Trail North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

*Signature of agent on RA change Filed
Simultaneously*

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,D	Douglas House	Post Office Box 108	Everglades City, FL 34139
D	Alma Jean House	Post Office Box 108	Everglades City, FL 34139
VP,D	Billy Potter	Post Office Box 69	Chokoloskee, FL 34138-0069
S,T,D	Crystal Potter	Post Office Box 69	Chokoloskee, FL 34138-0069
D	Anthony Brock	17810 Turkey Trail	Ochopee, FL 34141-2042
D	Janis Brock	17810 Turkey Trail	Ochopee, FL 34141-2042

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 contained in Chapter 119, 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:

M Douglas House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-11-07

Daytime Phone #

SP / LS

FILED

07 JAN 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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