

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742645

1. Corporation Name

PONCE DELEON INLET POWER SQUADRON, INC.

2. Principal Office Address

2021 WATERFORD EST. DR.

3. Mailing Office Address

2021 WATERFORD EST. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BCH, FL

City & State

NEW SMYRNA BCH, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

UNKNOWN

5. FEI Number

59-1695087

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

LINDA C. ALLEN

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

2021 WATERFORD ESTATES DR.

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH, FL

State

FL

Zip Code

32168

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

Linda C. Allen
REGISTERED AGENT MUST SIGN

Date DEC 12, 2002

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
PD	MICHAEL J. ALOISE	2810 NEEDLE PALM DR.	EDGEWATER, FL 32141
VD	ELLIS D. HORNBERGER	11 LAUGHING GULL LANE	EDGEWATER, FL 32141
VD	ROBERT D. JOHNSON	353 HEARTHSTONE TER.	PORT ORANGE, FL 32127
VD	KENNETH C. TAYLOR	11 A COUNTRY CLUB DR.	NEW SMYRNA BCH, 32168
S	ERNE W. PILGRIM	4 CAMINO REAL CT.	EDGEWATER, FL 32141
T	LINDA C. ALLEN	2021 WATERFORD EST. DR.	NEW SMYRNA BCH 32168

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 under section 119.07(3)(i), 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

LINDA C. ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 12, 2002

Date

386-423-1945

Daytime Phone #

CR2001 (8/01)



UNITED STATES
POWER SQUADRONS



Ponce de Leon Inlet Power Squadron

December 12, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The Ponce DeLeon Inlet Power Squadron, Inc. is a non-profit organization, made up of volunteers dedicated to the teaching of safe boating to the public and many other public service projects. Volunteers sometimes are not very good at taking care of the paperwork that needs to be done.

At this time, I request that you waive the reinstatement fee for 2002. I took over the Treasurer position on March 1, 2002 and I never received the Uniform Business Report to file to your office.

Per a telephone call on this date, to Michelle, one of your employees, who I might add was very helpful, informed me that when the last Uniform Business Report was Filed on Feb. 8, 2001, a fee of \$96.25 was enclosed to change the name of the organization. So at this time I would request that the name of the PONCE DELEON INLET POWER SQUADRON, INC. be changed to PONCE de LEON INLET SAIL AND POWER SQUADRON, INC.

Thank you for your consideration to this matter.


Linda C. Allen

2021 Waterford Estates Dr.
New Smyrna Beach, FL 32168
386-423-1945