

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 747373

1. Corporation Name

THE YACHT CLUB OF INDIAN ROCKS BEACH CONDOMINIUM  
ASSOCIATION, INC.

2. Principal Office Address

209-B - 18th Avenue

3. Mailing Office Address

209-B - 18th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

Zip

33785

Country

U.S.

Zip

33785

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

May 25, 1979

5. FEI Number

59-1962389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

93-02

7. Name and Address of Current Registered Agent

Name

C. W. ALBERS

000005414330--0

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

209-A - 18th Avenue

05/01/02--01026--020

\*\*\*787.50 \*\*\*787.50

Suite, Apt. #, Etc.

City

Indian Rocks Beach, FL

State  
FL

Zip Code

33785

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

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	C.W. ALBERS	209-A - 18th Avenue	Indian Rocks Beach, FL 33785
VPD	CLARK KEYSOR	209-B - 18th Avenue	Indian Rocks Beach, FL 33785
STC	GRACEANNE KEYSOR	209-B - 18th Avenue	Indian Rocks Beach, FL 33785

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

727-593-1334

Daytime Phone #

CR2E01 (9/01)