

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



97-98
FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 23 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757903

1. Corporation Name

TIERRA VERDE YACHT CLUB, INC.

Principal Place of Business

200 MADONNA BLVD
PO BOX 58033
TIERRA VERDE FL 33715

Mailing Address

200 MADONNA BLVD
PO BOX 58033
TIERRA VERDE FL 33715

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00 1/23

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1981

5. FEI Number

59-2210160

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILKSON, RON C.	1100 PINELLAS BAYWAY UNIT G-2	TIERRE VERDE FL
VD	MILLER, MARTHA E	P O BOX 27127 NA	ST PETERSBURG FL
TD	MILLER, GENE	200 MADONNA BLVD.	TIERRA VERDE FL
VD	VOCAR, BILL	PINELLAS BAY WAY UNIT 119	TIERRA VERDE FL
			200002413102--9 -01/27/98--01048--006 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

WILKSON, RON C.
1100 PINELLAS BAYWAY
UNIT G-2
TIERRRE VERDE FL 33715

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

12/17/97
Date

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/97

CR2E040 (8/97)