PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 18 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760256

1. Corporation Name

MARINER POINT YACHT CLUB, INC.

Principal Place of Business	Mailing Address
5015 MARINERS POINT DRIVE JACKSONVILLE FL 32225	5015 MARINERS POINT DRIVE JACKSONVILLE FL 32225

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

REINSTATEMENT 2001

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

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/1981

5. FEI Number: 59-2201914 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	~~BAILEY, DAVID W~~ Dowless, V. Gerald	~~4920 MARINERS PT DRIVE~~ 11732 Alexander CT	JACKSONVILLE FL 32225
VPD	~~COFFMAN, JAMES R~~ John Brundage	~~4816 CHARLES BENNETT DR~~ 5046 Mariner Pt Drive	JACKSONVILLE FL 32225
SD	~~RAIT, DON~~ David Imhoff	~~11712 SEAWARD COURT~~ 4952 White Bluff Dr.	JACKSONVILLE FL 32225
PD	RETHERFORD, BOB	4944 MARINER PT DR	JACKSONVILLE FL 32225

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****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAIT, DON 11712 SEAWARD CT JACKSONVILLE FL 32225	Name: BOB RETHERFORD Street Address (P.O. Box Number is Not Acceptable): 4944 MARINER PT DR. Suite, Apt. #, Etc.: JACKSONVILLE, FLA 32225 City: Jacksonville State: FL Zip Code: 32225

CR2E040 (8/01)

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: Bob Retherford Date: 10/13/01
REGISTERED AGENT MUST SIGN

11. 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: Bob Retherford BOB RETHERFORD, 10/13/01 904/731-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #