

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **760396**

1. Corporation Name

WOMEN'S YACHT RACING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 331532
COCONUT GROVE FL 33133-8532

P.O. BOX 331532
COCONUT GROVE FL 33133-8532

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

206.25
2001

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1981

5. FEI Number

59-2380477

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 3	City / State / Zip 4
PD	Ann Stetser	1700 N.W. North River Drive #1007	MIAMI FL 33125
VPD	Melinda Smith	18801 Lenore Drive	Miami, FL 33157
SD	[REDACTED]	[REDACTED]	[REDACTED]
TD	PSZENNY, JO-AN	4530 S.W. 74 ST	MIAMI FL 33143
SD	Pamela Jones	8261 S.W. 162 Street	Miami, FL 33157

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****226.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ann Stetser 1700 N.W. North River Dr #1007 Miami, FL 33125		Name Ann Stetser	
		Street Address (P.O. Box Number is Not Acceptable) 1700 N.W. North River Drive #1007	
		Suite, Apt. #, Etc.	
		City Miami, FL	State FL
		Zip Code 33125	

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 Ann Stetser

Date 11/1/01

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: Ann Stetser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01

Date

Daytime Phone #