

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764376

1. Corporation Name

FORT WALTON BEACH SAILFISH CLUB, INC.

2. Principal Office Address - No P.O. Box #

23 MEIGS DR.

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

Zip

32579

Country

USA

3. Mailing Office Address

P.O. Box 26

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

Zip

32579-0026

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1982

5. FEI Number

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

LOUIS J. SCHROER

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

380 TERRAPIN TRACE

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Louis J. Schroer

REGISTERED AGENT MUST SIGN

Date 4-4-2007

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
P/D	TIM MOSSBERG	528 VERA CRUZ DR	DESTIN, FL 32541
V/D	JOE BAGWELL	402 REGATTA DR	NICEVILLE, FL 32578
T/D	LOUIS SCHROER	380 TERRAPIN TRACE	DESTIN, FL 32541
S/D	GEORGE FERKES	472 PARISH BLVD	MARY ESTHER, FL 32809
D	FRANK KANE	133 GARDNER DR	SHALIMAR, FL 32579
D	SAM SMITH	39 CARL BRANDT DR	SHALIMAR, FL 32579

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 contained in Chapter 119, 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:

George C. Ferkes

GEORGE C. FERKES
TREASURER

6 APR 2007

Date

(850) 581-4953

Daytime Phone #