

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764376**

1. Corporation Name

FORT WALTON BEACH SAILFISH CLUB, INC.

Principal Place of Business

**23 MEIGS DR
SHALIMAR FL 32579**

Mailing Address

**P.O. BOX 26
SHALIMAR FL 32579-0026**



REINSTATEMENT 02

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2370381

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	JONES, JIMMY	909 SUNSET BAY CT	SHALIMAR FL 32579
VD	WILLIAMS, BEN	110 HANDS COVE LN	SHALIMAR FL 32579
TD	JARVIS, DAN	116 LISA MARIE PL	SHALIMAR FL 32579
SD	APLIN, BRUCE	8 MICHAEL CT.	FT. WALTON BEACH FL 32548
			400008834014 11/06/02--01111--001 **236.25
TD	C. DEAN PRESTON	435 FOREST GLEN PL	MARY ESTHER, FL 32569

8. Name and Address of Current Registered Agent

**JARVIS, DAN T
116 LISA MARIE PL
SHALIMAR FL 32579**

9. Name and Address of New Registered Agent

Name

C. DEAN PRESTON

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

435 FOREST GLEN PLACE

Suite, Apt. #, Etc.

MARY ESTHER

City

MARY ESTHER

State

FL

Zip Code

32569

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/4/02**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02 850 243-4411
Date Daytime Phone #

CR2040 (8/02)