

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 766848

1. Corporation Name

CHRIS CRAFT ANTIQUE BOAT CLUB, INC.

Principal Place of Business

% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301

Mailing Address

% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 PM 3:48

07/11/02 90251 012 \$ 61.25



2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1983

5. FEI Number

59-2553808

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
VD	VINCENT, JEAN (CHRMAN)	FIVE FAIRVIEW POINTE	TAVARES FL
SD	WRIGHT, WILSON W	217 SOUTH ADAMS ST	TALLAHASSEE FL
T	WRIGHT, PATRICIA D	217 SOUTH ADAMS ST	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/31/02

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

10/31/02
Date

850) 224-2628
Daytime Phone #

CR2E040 (8/02)

242

10/31/02

We are sorry we do not
recall receiving a "reply letter"
Please accept the filing without penalty
W. W. Wright