

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 24 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K51185

1. Corporation Name

Indian Rocks Beach RV Resort, Inc.

*Handwritten signature/initials*

2. Principal Office Address

1601 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

3. Mailing Office Address

1601 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business In Florida

12/14/1988

5. FEI Number

59-2920526

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

William T. Baynard, Jr.

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

1601 Gulf Boulevard

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

700024064487  
10/24/03--01014--004 \*\*751.00

03/19/03 01043 007 \$753.75

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

William T. Baynard, Jr. REGISTERED AGENT MUST SIGN

Date

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
DPST	William T. Baynard, Jr.	1601 Gulf Boulevard	Indian Rocks Beach, FL 33785
V	Marilyn Rhea	1601 Gulf Boulevard	Indian Rocks Beach, FL 33785

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 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:

*Handwritten signature of William T. Baynard, Jr.*

William T. Baynard, Jr. PRES.

Date

10-20-03 (727) 644-

Daytime Phone #

8743

CR2E081 (10/02)