

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:49

DOCUMENT # K77210

1. Corporation Name

CRESCENT VIEW BEACH CLUB, INC.

Principal Place of Business

Mailing Address

% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237

% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237



REINSTATEMENT 99

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

04/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0109943

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MEWHIRTER, GERALD R.	672 BRUSHGROVE	AURORA ON
DT	KERSHAW, JOHN P.	24 SOLWAY CT	AGINCOURT, ONTARIO
SD	WALTER, PETER M.	ROYAL ROUTE 1, MEADOWLARK	SCHOMBERG, ONTARIO
D	MEWHIRTER, KEVIN PAUL	672 BRUSHGROVE	AURORA ON
D	THORPE, RICHARD J.	42 MORGANDALE CRESCENT	AGINCOURT, ONTARIO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERRILL, WILLIAM W., III
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Date 10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

AD

(905) 525-3652