

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007761

1. Corporation Name

Coral Creek Anglers Club Owners Association, Inc

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

107 John Street

3. Mailing Office Address

127 West Putnam

Suite Apt # etc

Suite Apt # etc

No 180

City & State

Southport, CT

City & State

Greenwich, CT

Zip

06490

Country

USA

Zip

06830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2000

5. FEI Number

06-1612162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Brandenberger

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

11700 Anglers Club Drive

Suite Apt # Etc

City

Placida

State

FL

Zip Code

33946

☐ 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

REGISTERED AGENT MUST SIGN

Date

2/24/09

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 | Tom Wood | PO Box 375 | Placida, FL 33946 |
| VP | Bobby McQueen | PO Box 375 | Placida, FL 33946 |
| ST | David Lindenbaum | PO Box 375 | Placida, FL 33946 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/09

Daytime Phone #

404-664-9681

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