

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003008

1. Corporation Name

CORAL SHORES LACROSSE CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 8664
KEY LARGO FL 33037

POST OFFICE BOX 8664
KEY LARGO FL 33037

246 APACHE ST
TAVERNIER, FL 33070

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
246 APACHE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAVERNIER, FL

Zip

Country

Zip
33070

Country
FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

65-1099504

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALL, KENNETH M MR.	147 OCEAN SHORES DRIVE 246 APACHE ST.	KEY LARGO FL 33037 TAVERNIER, FL 33070
D	JARNAGIN, JOHN MR.	33 SOUTH DRIVE	KEY LARGO FL 33037
D	FRENNA, PASQUALE MR.	96000 OVERSEAS HIGHWAY E-6	KEY LARGO FL 33037

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, KENNETH M MR.
147 OCEAN SHORES DRIVE
KEY LARGO FL 33037

NEW ADDRESS →

Name
KENNETH M. HALL
Street Address (P.O. Box Number is Not Acceptable)
246 APACHE ST
Suite, Apt. #: Etc.

City
TAVERNIER

State
FL

Zip Code
33070

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

12/18/03

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

Date

12/18/03 305-451
- 0740

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 AM 8:00

REINSTATEMENT 03-04
MRS



100025727321
12/23/03--01034--012 **51.25

200028160472
02/03/04 01060 005 **236.25

CR2E040 (7/03)