

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/18/08-01045-002 183⁷³

CR2E081 (12/07)

DOCUMENT # **NO2 000007831**

1. Corporation Name
**WILLIAM J. KOCH INTERNATIONAL
SEA SCOUT CUP ASSN, INC**

2. Principal Office Address - No P.O. Box #
931 VILLAGE BLVD

3. Mailing Office Address
Same

Suite, Apt. #, etc.
SUITE 905-511

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

Zip Country
33409-1989 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10/11/02

5. FEI Number **030487433** 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 **RICHARD J. ELROY**

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

Suite, Apt. #, Etc.
SUITE 905-511

City
WEST PALM BEACH

State Zip Code
FL 33409

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 **[Signature]** REGISTERED AGENT MUST SIGN

Date **4/15/08**

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
DIR & PRES	RICHARD J. ELROY	931 VILLAGE BLVD SUITE 905-511	WPB, FL 33409
DIR	KATHRYN K. ELROY	''	''
DIR	THOMAS HARTMANN	''	''

RH

1-06

200118263182
02/18/08--01045--002 **183.75

REINSTATEMENT

200118263182
05/07/08--01042--021 **70.00

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

Date **4/15/08** Daytime Phone # **305 798 8130**