


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 03, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N07000000512					
1. Entity Name GULFPORT YOUTH SAILING, INC.					
Principal Place of Business 4600 TIFTON DRIVE SOUTH GULFPORT, FL 33-711			Mailing Address 4600 TIFTON DRIVE SOUTH GULFPORT, FL 33-711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0798350</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGEL, ANTHONY B 6075 SHORE BLVD 509 GULFPORT, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, CRAIG		NAME	ELISE Ruppert	
STREET ADDRESS	4039 8TH AVE N		STREET ADDRESS	6111 Kippis Colony Dr.	
CITY-ST-ZIP	ST PETERSBURG, FL 33713		CITY-ST-ZIP	Gulfport FL 33707	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HICKS, TOM		NAME	JANET Terrell	
STREET ADDRESS	2882 CATHERINE DR		STREET ADDRESS	16416 US-19 N Lot 708	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	Vice Chairman	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEYNE, JOEL		NAME	MICHAEL MORGAVERO	
STREET ADDRESS	5972 6TH AVE S		STREET ADDRESS	7188 50th Ave S, Circle E,	
CITY-ST-ZIP	ST PETERSBURG, FL 33707		CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	Chairman	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGEL, ANTHONY		NAME		
STREET ADDRESS	6075 SHORE BLVD #509		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	8/15/08 - 90002 002 \$61.25	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			8/06/08 727 459-7900 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					