

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10062

1. Corporation Name

INLET YACHT CLUB, INC.

Principal Place of Business

1625 WEST MARION AVENUE
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 1249
PUNTA GORDA FL 33951-1249
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1985

5. FEI Number

65-0263746

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEBB, SANKEY E III	1625 W. MARION, SUITE 6	PUNTA GORDA FL 33950
PD	MCQUEEN, ROBERT N.	1625 W. MARION AVE.	PUNTA GORDA FL
DS	MCQUEEN, PAULA F.	1625 W. MARION AVE.	PUNTA GORDA FL

100003103411--8
-01/19/00--01079--029
****245.00 ****245.00

8. Name and Address of Current Registered Agent

MCQUEEN, ROBERT N.
1625 W. MARION AVENUE ST.6
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name McQueen Paula F.
Street Address (P.O. Box Number is Not Acceptable) 1625 W. Marion Ave
Suite, Apt. #, Etc. Suite 6
City Punta Gorda State FL Zip Code 33950

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

Paula F. McQueen
REGISTERED AGENT MUST SIGN

Date

12/30/99

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:

Paula F. McQueen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/99

Daytime Phone #

CR2E040 (8/99)