PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 12 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/12/03--01046--005 **65.00

DOCUMENT # N14191

1. Corporation Name

HOMESTEAD BAYFRONT YACHT CLUB, INC.

2. Principal Office Address	3. Mailing Office Address
No. Canal Dr.,Bayfront Park	PO Box 444, Homestead, FL 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, FL 33090	City & State: Homestead, FL 33090-0444
Zip: 33090-0444 / Country: Dade	Zip: 33090-0444 / Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 04/04/1986

5. FEI Number: 65-0655780 ☐ 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: Bill Clemons

Street Address (P.O. Box Number is Not Acceptable): 662 SE 22 Drive

Suite, Apt. #, Etc.:

City: Homestead | State: FL | Zip Code: 33033-5204

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: _____ Date: 1/31/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Bill Clemons	662 SE 22 Drive	Homestead, FL 33033-5204
VP	George McDermott	14623 SW 132 Court	Miami, FL 33157-7681
TD	Charlene Powell	12905 SW 116 Court	Miami, FL 33176-8354
SC	Teresa Dean	8445 SW 184 Lane	Miami, FL 33157-7229

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 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: _____ 1/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 2/17