

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N19395

1. Corporation Name

Exchange Club of the South Brevard
Beaches, Inc.

REINSTATEMENT 02-04

700028058547
02/02/04--01092--027 **358.75

2. Principal Office Address

P.O. Box 372702

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 372702

Suite, Apt. #, etc.

City & State

Satellite Beach FL

City & State

Satellite Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2775875

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

Teri Eno

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

800 S. Riverside Drive

Suite, Apt. #, Etc.

City

Indialantic

State

FL

Zip Code

32903

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

Teri Eno

Date

1-24-04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Bob Lynch</u>	<u>4125 Grand Meadows Blvd.</u>	<u>Melbourne, FL 32934</u>
<u>T/D</u>	<u>Kerrie Lynch</u>	<u>4125 Grand Meadows Blvd.</u>	<u>Melbourne, FL 32934</u>
<u>S/D</u>	<u>Lori Baldwin</u>	<u>380 Rio Lane</u>	<u>Indialantic, FL 32903</u>
<u>V/P/D</u>	<u>Kate Cook</u>	<u>205 Ocean Ave</u>	<u>Melbourne Beach, FL 32951</u>

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:

Kerrie Lynch Kerrie Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-04

Daytime Phone #

321-777-7007

CR2E081 (10/02)