

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # N29932

1. Corporation Name

BEACHES AQUATIC CLUB, INC.

03 OCT 13 PM 3:05

SECRETARY OF STATE  
10/13/03--010857-001--236229

Principal Place of Business

Mailing Address

3948 S 3RD ST  
BOX 196  
JACKSONVILLE BEACH FL 32250

3948 S 3RD ST  
BOX 196  
JACKSONVILLE BEACH FL 32250

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1988

5. FEI Number

59-2913633

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
<del>D</del>	<del>THOMAS, BARBARA</del>	<del>3122 PLUMTREE DR</del>	<del>JACKSONVILLE FL 32277</del>
<del>ID</del>	<del>SEATON, LUCILLE</del>	<del>1701 THE GREENS WAY #321</del>	<del>JACKSONVILLE BEACH FL 32250</del>
<del>D</del>	<del>HEATH, MIKE</del>	<del>40 QUAIL LANE</del>	<del>JACKSONVILLE BEACH FL 32250</del>
PD	GERKENS, HENRY, H.	229 LAMP LIGHTER 6000 BRIARFOREST RD N LANE	PONTE VEDRA BEACH JACKSONVILLE FL 32277 FL 32082
SD	LEEMIS, SCOTT	366 SEMINOLE ROAD	ATLANTIC BEACH FL 32233
VD	WHAREN, ROBERT	349 SAN JUAN DRIVE	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

~~PARRISH, SANDRA H~~ LEEMIS, SCOTT  
~~6000 BRIARFOREST RD N~~  
~~JACKSONVILLE FL 32277~~

9. Name and Address of New Registered Agent

Name  
LEEMIS, SCOTT

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

366 SEMINOLE ROAD

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* HENRY H. GERKENS 10/11/03 280-4498

CR2E040 (7/03)