

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 AM 11:50

DOCUMENT # N29972

1. Corporation Name

ST. JOHNS RIVER VALLEY AIRBOAT ASSOCIATION, INC

000003061000--0

-12/06/99--01013--005

****236.25 ****236.25

Principal Place of Business

1519 CLEARLAKE ROAD
PO BOX 3277
COCOA FL 32924-0277

Mailing Address

1519 CLEARLAKE ROAD
PO BOX 3277
COCOA FL 32924-0277

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



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VANDERPOOL, SONNY Terry Davis	8818 LONDON BLVD 4627 Janet Rd.	00000A-FL-02924 Cocoa, FL 32926
VD	CLISBY, DAVID Yates, Carson	13878 BAHIA LOOP 26533 Yates Rd.	01-01013-FL-04773 Christmas, FL 32709
SD	SCHMALENBURGER, LINDA Yates, Marlo	320 S RANGE RD 26533 Yates Rd.	00000A-FL-32926 Christmas, FL 32709
TD	JEFFRIES, SANDY Clisby, Kimberly	1850 N FISKE, #401 300 S. Range Rd.	00000A-FL-02922 Cocoa, FL 32926
D	Clisby, Davis	300 S. Range Rd.	Cocoa, FL 32926

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CREEL, LLOYD
2323 ADAMSON ROAD
COCOA FL 32926

Name Kimberly Clisby
Street Address (P.O. Box Number is Not Acceptable)
300 S. Range Rd.
Suite, Apt. #, Etc.

City Cocoa State FL Zip Code 32926

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

Kimberly Clisby
REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov. 15, 1999

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

11-15-99 321-633-8317
Date Daytime Phone #