

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 22 AM 8:00

DOCUMENT # N33093

1. Corporation Name

STUART SAILING CLUB, INC.

2. Principal Office Address

3073 SE Jefferson

Suite, Apt. #, etc.

City & State

STUART

Zip

34997

Country

USA

3. Mailing Office Address

PO 212

Suite, Apt. #, etc.

City & State

STUART

Zip

34995

Country

USA

REINSTATEMENT 91-03

000023248610

09/22/03--01089--025 \*\*805.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650131176

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

PETER MURRAY

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

3073 SE DIXIE

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

8-20-03

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
DIR	PETER MURRAY	747 NE ALICE	STUART FL 34997
DIR	ISAIAH MURRAY	747 NE ALICE	STUART FL 34997
DIR	BARBARA BURNHAM	3545 SE DIXIE	STUART FL 34997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-03

Date

561-856

1069

Daytime Phone #

CR2E081 (10/02)

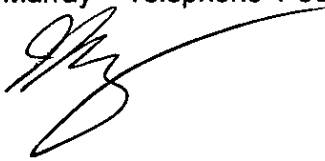
## *Stuart Sailing Club, Inc.*

Attn: Expedite Clerk

Please waive the reinstatement fee for the Stuart Sailing Club. (FEI 650131176 Doc N33093) We received no UBR for 1991 and the person who handled our corporate status died that year. We are a struggling non profit and appreciate all the help we can get. Please call me if there is more information that I can supply to facilitate this request.

Sincerely,

Peter Murray Telephone 1-800-215-0680 or 561-856-1069



Stuart Sailing Club, 3703 SE Jefferson St., Stuart FL 34997  
captain2243@yahoo.com

Phone 1-800-215-0680