

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39153

1. Corporation Name

SEA RAY CLUB OF JACKSONVILLE, INC.

2. Principal Office Address

2825 HOLLYBAY ROAD

3. Mailing Office Address

2825 HOLLYBAY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

REINSTATEMENT

97-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/06/90

5. FEI Number

593125281

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

JOHN R. COOK

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

2825 HOLLYBAY ROAD

Suite, Apt. #, Etc.

City

ORANGE PARK,

State
FL

Zip Code

32073

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**

REGISTERED AGENT MUST SIGN

JOHN R. COOK-COMMODORE

Date

1/19/02

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
V/D	DON GUTE	4361 TRADEWINDS DR.	JAX., FL 32250
V/D	LARRY STEPHENSON	3833 FORREST DR.	MIDDLEBURG, FL 32068
T	LINDA COOK	2825 HOLLYBAY RD.	ORANGE PARK, FL 32073
S	PATTI STEPHENSON	3833 FORREST DR.	MIDDLEBURG, FL 32068
S	ALINE GUTE	4361 TRADEWINDS DR.	JAX., FL 32250
DD	SUZIE BURNETTE	1512 DONALD ST	JAX., FL 32205

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:

Linda B. Cook

1/18/02

904-278-4904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA B. COOK - TREASURER

Date

Daytime Phone #

CR25061 (2/00)