

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS FORM.

LOCATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra L. Cham
Secretary of State
CORPORATIONS

FILED

98 AUG 28 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40158

1. Corporation Name

INDIAN RIVER SPORT FISHING
CLUB

Principal Place of Business

Mailing Address

P.O. Box 1144
RDGR WATER FL 32141

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

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

N40158/59-3034589

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	900002630749--7
PRES	WILSON AUSTIN	3621 WATERMELON	09/01/98--01088--006 SARASOTA 34231-1108
V.PRES	SAPPHIRE COOLIDGE	774 INDIAN HARBOR	OAK HILL 32759
TRES	PHILIP VERWAY	2001 S. RIVER SIDE DR	RDGR WATER FL 32141
BOARD GOV	TRACY MEHALKO	1515 JUPITER	RDGR WATER FL 32141
"	MARK ROBITZSCH	1816 DAY PALM	RDGR WATER FL 32141
"	MIKE KILMANI	242 GARY AVE	OAK HILL 32759

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANLEY A CLAVET
P.O. Box 1454
RDGR WATER FL 32132

Name
Wilson Austin
Street Address (P.O. Box Number is Not Acceptable)
3621 Watermelon Ln
Suite, Apt. #, Etc.

City
New Smyrna Beach
State
FL
Zip Code
32168

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

Wilson Austin

REGISTERED AGENT MUST SIGN

Date 8-14-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

N/A

(See other side for information
on intangible tax.)

12. 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:

Wilson Austin

Wilson Austin

8-14-98

904-426-0379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)