

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N41312

1. Corporation Name

INLET CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

87 VIA MIZNER
PALM BEACH FL 33480

87 VIA MIZNER
PALM BEACH FL 33480

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1990

5. FEI Number

65-0228854

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
PD	KANUTH, GAY	301-53RD ST. #D	W PALM BCH. FL 33407
STD	HARITH, TONY	301-53RD ST. #D	WEST PALM BEACH FL 33407
D	CIKLIN, ALAN J	515 N FLAGLER DRIVE 17TH FLOOR	WEST PALM BEACH FL 33401
PD	Desiderio, Arlene	5596 N. Ocean Blvd.	Palm Beach, FL 33435
D	Duran, Jose L.	301 53rd Street Unit D	West Palm Beach, FL 33407
D	Guerrero, Celia V.	2895 Meridian Ave. N	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Name

Arlene Desiderio

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

5596 N. Ocean Blvd.

Suite, Apt. #, Etc.

City

Palm Beach

State

Zip Code

FL

33435

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

Arlene Desiderio

REGISTERED AGENT MUST SIGN

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Date 10/24/01

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:

Arlene Desiderio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #