

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48193**

1. Corporation Name

OLD NAPLES SEAPORT YACHT ASSOCIATION, INC.

Principal Place of Business

1001 10TH AVENUE S
SUITE 104
NAPLES FL 33940
US

Mailing Address

433 E LAS COLINAS BLVD.
#900
IRVING TX 75039
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1001 10th AVE So. #104
NAPLES, FL
34102 USA

REINSTATEMENT 92

4. Date Incorporated or Qualified To Do Business in Florida

04/03/1992

5. FEI Number

65-0404574

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	REED, THOMAS W	433 E LAS COLINAS BLVD.	IRVING TX
DVS	DONOVAN, MINDA	433 E LAS COLINAS BLVD #900	IRVING TX
DV	LEE, REBECCA	1001 10TH AVENUE, #104	NAPLES FL
			300000235044E-- 2 -11/18/97--01050--007 ****245.00 ****245.00
			08/11/97

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Vicky Goldstein

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date

11-12-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Lee REBECCA LEE

Date

11/6/97

Daytime Phone #

941-434-9300

CR2E040 (8/97)