

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003124

1. Corporation Name

South Florida Water Ski Club Inc.

REINSTATEMENT 98-03

100020884811

06/16/03--01051--001 **507.50

N9400000 3124

2. Principal Office Address

4361 Sunrise Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

Country

33313

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-20-1994

5. FEI Number

65-056560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

My Grant V.P.

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

4361 W. Sunrise Blvd.

Suite, Apt. #, Etc.

100020884811

06/16/03--01051--002 **35.00

City

Plantation, FL

State
FL

Zip Code

33313

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

My Grant V.P.

REGISTERED AGENT MUST SIGN

Date

6-2-03

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
Pres.	LISA WELLINS	3884 Meadow Lane	Hollywood FL 33021
V.P.	MIKE GRANT	4361 ^W Sunrise Blvd	Plantation FL 33313
D.	GREG SUTHERLAND	9302 Armed Circle	Davie, FL 33328
			6/16/03

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:

My M-T M-T GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03 (954) 584-7733

Date

Daytime Phone #

CR2081 (10/02)