

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE:
AND
FILE:

06 JUN 26 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004341

1. Corporation Name

Rio Grand Yacht Club
Condominium Association Inc

2. Principal Office Address

53 Isle of Venice Dr

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-06
CR2E081 (12/05)

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

9-06-1994

5. FEI Number

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

Brian Mayhew

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

53 Isle of Venice Dr Unit 201

Suite, Apt. #, Etc.

Unit 201

City

Ft Lauderdale

State

FL

Zip Code

33301

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/23/06

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
Dir	Peter Croke	53 Isle of Venice Dr Unit 101	Ft Lauderdale FL 33301
Dir	Cynthia Starrett	" Unit 102	"
Dir	Frank Sweet	" Unit 202	"
MANAGING Dir	BRIAN MAYHEW	" UNIT 201	"
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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 contained in Chapter 119, 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] BRIAN MAYHEW

6/23/06

954
816-2346
Daytime Phone #

6129-1