

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAY -4 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006229

1. Corporation Name

WHITESANDS VOLLEYBALL CLUB, INC.

Principal Place of Business

4872 WATERBRIDGE DOWN
SARASOTA FL 34235-7215

Mailing Address

4872 WATERBRIDGE DOWN
SARASOTA FL 34235-7215

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1994

5. FEI Number

65-0541854

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
PED DIR	DEAN, BOBBIE J	4872 WATERBRIDGE DOWN	SARASOTA FL 34235-7215
VP DIR	DEAN, JAMES L	4872 WATERBRIDGE DOWN	SARASOTA FL 34235-7215
SE	MURPHY, WILLIAM	2800 GOLFVIEW DRIVE	BOCA RATON FL
SE	ANDERSON, MONIE	3040 GOLFVIEW DR	SPRINGFIELD
T/S DIR	Dean, J. Michael	4733 Winslow Beacon	SARASOTA FL 34235
V			500002519595--4 -05/12/98--01016--034 *****245.00

8. Name and Address of Current Registered Agent

DEAN, BOBBIE J
4872 WATERBRIDGE DOWN
SARASOTA FL 34235-7215

9. Name and Address of New Registered Agent

REINSTATEMENT 9-7-98

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

Suite, Apt. #, Etc.

City

500002519595--4

-05/12/98--01016--035

*****61, State FL *****61.25

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

Bobbie Dean

REGISTERED AGENT MUST SIGN

Date

2/1/98

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:

Bobbie Dean BOBBIE DEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/98
Date

941-371-3795
Daytime Phone #

CR20040 (8/97)