

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 24 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003268**

1. Corporation Name
PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

2. Principal Office Address
P.O. Box 7461

3. Mailing Office Address
P.O. Box 7461

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL.

City & State
PORT ST. LUCIE, FL.

Zip Country
34985 USA

Zip Country
34985 USA

500067187825
03/07/06--01006--018 **61.25
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0452015

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
CYRIL BEVAN

Street Address (P.O. Box Number is Not Acceptable)
2589 SW IMPORT DRIVE

Suite, Apt. #, Etc.

City
PORT ST. LUCIE

State Zip Code
FL 34987

Bevan

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 **Cyril Bevan** **Sec-Treasurer** Date **2-10-06**
REGISTERED AGENT MUST SIGN

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	John P. MacLeod	4 SANTA CRUZ WAY	PORT ST. LUCIE, FL 34952
V.Pres	James L. Terry	442 SE VERADA AVE	PORT ST. LUCIE, FL 34983
Sec/Treas	CYRIL BEVAN	2589 SW IMPORT DR.	PORT ST. LUCIE, FL 34987
Director	JAY E. SMITH	P.O. Box 61	STUART, FL 34995
Director	Sherwin D. Fields	5820 NW BEGONA MC	PORT ST. LUCIE, FL 34986

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: **Cyril Bevan** **Treas.** **2-10-06** **772-873-8549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #