

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -7 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9500000 3322**

1. Corporation Name

**SANTA BARBARA RESORT AND YACHT CLUB
OWNERS' ASSOCIATION, INC.**

REINSTATEMENT

2. Principal Office Address

1301 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

FL.

Country

33062

3. Mailing Office Address

1301 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

FL

Country

33062

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1995

5. FEI Number

650636421

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

CORPORATION SERVICE CORPORATION

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

1201 HAYES STREET

Suite, Apt. #, Etc.

100088068371

02/13/07--01013--006 **358 75

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

Date

2/7/07

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
PD	DAVID BREMER	2601 PALMAR DR. N.	POMPANO BEACH, FL. 33062
VPD	RICK DINGLE	1110 SOUTH OCEAN BLVD	POMPANO BEACH, FL. 33062
ST	DAN WALTERS	SUITE 500 8427 SOUTH PARK CIRCLE	ORLANDO FL. 32819

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/07

Daytime Phone #

954 233 7501