

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 APR 16 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004707**

1. Corporation Name  
**THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**1330 THOMASVILLE RD TALLAHASSEE FL 32303**



**REINSTATEMENT 96-97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/29/1995	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	<del>DERZYPOLSKI, STAN</del> Richard Stephens	<del>1630 THOMASVILLE RD</del> 3548 Trillium Ct.	TALLAHASSEE FL 32308 32312
D	<del>GETMAN, ANN</del> Linda Downey	<del>1330 THOMASVILLE RD</del> 3500 Valley Creek Dr.	TALLAHASSEE FL 32308 32312
D	<del>RIDNER, JACK</del> Stan Derzypolski	<del>1330 THOMASVILLE RD</del> 1930 Myrick Rd	TALLAHASSEE FL 32308 32303
D	FINNEY, WRIGHT	<del>1330 THOMASVILLE RD</del> 6725 Apollo Trail	TALLAHASSEE FL 32303 32308
D	<del>BEEDER, DON</del> Michelle Hackmeyer	<del>1330 THOMASVILLE RD</del> 5025 Louvinia Dr.	TALLAHASSEE FL 32303 32311
D	GREY, DENNIS-T	<del>1330 THOMASVILLE RD</del>	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, CLAUDE R  
1330 THOMASVILLE RD  
TALLAHASSEE FL 32303

Name  
-04/18/97--01095--001  
Street Address (P.O. Box Number is Not Acceptable) \*\*\*\*\*297.50 \*\*\*\*\*297.50  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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 *[Signature]* Date 4/8/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* 3/18/97 904/414-1023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (7/96)