


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 08 JUL 14 PM 12:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|--|-----------------------------------|--|---|---|--|
| DOCUMENT # <u>N 96000002657</u> | | | | | |
| 1. Corporation Name <u>SAILING FOUNDATION OF THE PALM BEACHES, INC.</u> | | | | | |
| 2. Principal Office Address - No P.O. Box # <u>1973 PGA BLVD.</u> | | | 3. Mailing Office Address <u>P.O. Box 14879</u> | | |
| Suite, Apt. #, etc. <u>STE C</u> | | | Suite, Apt. #, etc. | | |
| City & State <u>PALM BEACH GARDENS, FL</u> | | | City & State <u>N. PALM BEACH, FL</u> | | |
| Zip <u>33408</u> | Country <u>USA</u> | Zip <u>33408</u> | Country <u>USA</u> | 4. Date Incorporated or Qualified To Do Business in Florida <u>5/17/1996</u> | |
| 5. FEI Number <u>65-0681760</u> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name <u>CHARLES W. CAIRNES JR.</u> | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>1973 PGA BLVD.</u> | | | | | |
| Suite, Apt. #, Etc. <u>STE C</u> | | | | | |
| City <u>PALM BEACH GARDENS</u> | | | State <u>FL</u> | Zip Code <u>33408</u> | |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | | | |
| 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 <u>C.W. Cairnes Jr.</u> | | | | Date <u>7/11/08</u> | |
| 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 | ANDREW J. FLACK SR. | 15668 77TH PLACE N. | LOXAHATCHEE, FL 33470 | | |
| V.P. | CHARLES HAYTHORN | 2555 PGA BLVD #28 | PALM BEACH GARDENS, FL 33410 | | |
| SEC | VINCENT FRANCO | 251 11TH ST | RIUIERA BEACH, FL 33404 | | |
| TRES | CHARLES W. CAIRNES JR. | 1973 PGA BLVD STE C | PALM BEACH GARDENS, FL 33410 | | |
| 000132887170 07/14/08-01046-012 **481.25 | | | | | |
| 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: <u>C.W. Cairnes Jr.</u> CHARLES W. CAIRNES JR. <u>7/11/08</u> <u>561-622-8989</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |