

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002651

1. Corporation Name

Sailing Foundation of The Palm Beaches, Inc.

REINSTATEMENT 02-03

600025329136
12/08/03--01076--009 **297.50

2. Principal Office Address

249 Royal Palm Way

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Zip

33480

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/17/1996

5. FEI Number

650681760

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

John Harrison Hough

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

249 Royal Palm Way

Suite, Apt. #, Etc.

Suite 403

City

Palm Beach

State
FL

Zip Code
33480

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

REGISTERED AGENT MUST SIGN

Date

12/4/03

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
P	Ned Goddard	3216 North Flagler Drive	West Palm Beach, FL 33407
VP, T	John Harriosn Hough	7 Alnwick Road	Palm Beach Gardens, FL 33418
D	Edward Hinckey	2692 Lone Pine Road	Palm Beach Gardens, FL 33410
DS	Dr. Joshua Fierer	132 Lakeshore Drive, Apt 1020	North Palm Beach, FL 33408
D	Webster Rhoads	300 52nd Street	West Palm Beach, FL 33407
D	Brian Reeves	P.O. Box 706	Palm Beach, FL 33480

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 under section 119.07(3)(l), 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

Daytime Phone #

12/4/03 561-346-5400

CR2E081 (10/02)