

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 SEP 21 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005826**

1. Corporation Name

**INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

100 E. AIRPORT AVE.  
VENICE FL 34285

100 E. AIRPORT AVE.  
VENICE FL 34285



If the above data is incorrect in any way, line through incorrect information and enter correction below.

2. Old 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.		10/15/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0875226	
				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
DP	JACOB, COY G	321 SUNRISE DR.	NOKOMIS FL 34275
DV	<del>HELTERBRAN, DOUGLAS C</del> PROTTER, HAROLD E.	<del>3711 DEL PRADO BLVD. #8</del> 6940 WASHINGTON	<del>CAPE CORAL FL 33904</del> ST. LOUIS MO 63130
DS	BERTORELLI, PAUL C	P.O. BOX 309 (NA)	NEWTOWN CT 06470
DT	KEYES, GERALD E	514 BAYVIEW PKWY.	NOKOMIS FL 34275
D	MARVIN, JAMES	1 MEADOW LINK DR.	PADUCAH KY 42001
D	LINCKS, JOHN	<del>P.O. BOX 1000</del> 3030 GREYCLIFF WAY	MILFORD PA 18332

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEYES, GERALD E 333 W. MIAMI AVE. VENICE FL 34285 300002996783--1 09/24/99--01085--002 ****236.25 ****236.25	Name Street Address, P.O. Box Number, or Mailing Address, Suite, Apt. #, Etc. City	REINSTATEMENT 9/8/99 TS 300002996783--0 09/24/99--01085--001 ****61.25
---	--	---

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: 9/15/99  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] COY JACOB 9/2/99 941-484-0801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #