OCT-19-99 [redacted] 8:15 AM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 OCT 27 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005876

1 Corporation Name

Sails For Kids Inc

Principal Office Address | Mailing Address

1100 5TH Ave Suite 201
Naples Fla 34102

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: APPLIED FOR — Applied For ☒ SP — Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Ex. Dir	Jeff L. Rolquin	8147 Las Palmas Way	Naples Fla 34109
Director	Jon Cutter	1100 5th Ave South	Naples Fla 34102
Director	Tenny Hand.	8042 Cadiz Court	Naples Fla 34109

000003032428--1
-11/02/99--01069--010
****236.25 ****236.25

8. Name and Address of Current Registered Agent

N/A

9. Name and Address of New Registered Agent

Name: Jeff L. Rolquin
Street Address (P.O. Box Number is Not Acceptable): 8147 Las Palmas Way
Suite, Apt. #, Etc.:
City: Naples Fla
State: FL
Zip Code: 34109

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] REGISTERED AGENT MUST SIGN
Date: oct 20, 99

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: oct 20, 99
Daytime Phone #: 941-566-6100

CR2E040 (1/98)