

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000004682

1. Corporation Name

Mangrove Bay Yacht Club

2. Principal Office Address - No P.O. Box #

950 Moody Rd

Suite, Apt. #, etc.

125

City & State

N Ft Myers, Florida

Zip

33903

Country

Lee

3. Mailing Office Address

950 Moody Rd

Suite, Apt. #, etc.

125

City & State

N Ft Myers, Florida

Zip

33903

Country

Lee

REINSTATEMENT

200170052972

02/22/10--01006--018 \*\*183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1999

5. FEI Number

841715265

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

Richard Hawkins

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

950 Moody rd

Suite, Apt. #, Etc.

125

City

Ft Myers

State

FL

Zip Code

33903

☒ 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

*Richard Hawkins*

REGISTERED AGENT MUST SIGN

Date 02/17/2010

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	Richard Hawkins	950 Moody rd #125	N Ft Myers, Fl 33903
VP	Shirley Rice	950 Moody rd #126	N Ft Myers, Fl 33903
			<i>2/22</i>

10. E-mail Address: rick\_hawk01@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Richard Hawkins*

Richard Hawkins

2/17/2010

239-677-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #