

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000005104**

1. Corporation Name

**FLAGLER BEACH SCENIC HIGHWAY COMMUNITY ADVOCACY
GROUP INC.**

Principal Place of Business

306 S OCEANSHORE BLVD
FLAGLER BEACH FL 32136

Mailing Address

306 S OCEANSHORE BLVD
FLAGLER BEACH FL 32136

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1999

5. FEI Number

59-3600691

Applied For

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 3	City / State / Zip 4
D	BAKER, ALICE	PO BOX 478 N/A	FLAGLER BEACH FL 32136
D	MARLOW, TONY	PO BOX 2225 N/A	FLAGLER BEACH FL 32136
D / P	HELM, CHARLES	PO BOX 328 N/A	FLAGLER BEACH FL 32136
D / VP	RUZECKI, MARYANN	1100 S. CENTRAL AVE	FLAGLER BEACH, FL 32136
D / S	RHANE, Judy	136 LANTANA AVE	FLAGLER BEACH, FL 32136
D / T	SHEEHAN, THOMAS	P.O. BOX 480	FLAGLER BEACH, FL 32136

8. Name and Address of Current Registered Agent

BAYER, DENNIS K
306 S OCEANSHORE BLVD
FLAGLER BEACH FL 32136

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003459880-3
-11/13/00-01003-001

***236.25 State ***236.25

FL

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 REQUIRED

Date 10/20/00

REGISTERED AGENT MUST SIGN

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-00 904-439-1627

KE