

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 00 OCT 24 AM 8:56  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **N99000005104**

1. Corporation Name

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

Principal Place of Business

Mailing Address

306 S OCEANSHORE BLVD  
 FLAGLER BEACH FL 32136

306 S OCEANSHORE BLVD  
 FLAGLER BEACH FL 32136

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

**REINSTATEMENT** *JD*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3600691

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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.

000003459980-3  
 -11/13/00-01003-001

City

\*\*\*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**  
 REGISTERED AGENT MUST SIGN

Date 10/20/00

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

10-21-00  
 Date

904-439-1627  
 Daytime Phone #

**KE**

CR2E040 (8/00)