

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000108544*

1. Corporation Name

MEMBER CORPORATION

2. Principal Office Address

*192 SECOND ST.
SUITE, APT. #, ETC.
P.O. BOX 208*

3. Mailing Office Address

*290 QUIET TRAIL DRIVE
SUITE, APT. #, ETC.*

City & State

CEDAR KEY, FL.

City & State

DAYTONA BEACH, FL.

Zip

32625

Country

USA

Zip

32128

Country

USA

400013033344

02/24/03--01060--014 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

753069778

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

ARTHUR P. SKULA

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

290 QUIET TRAIL DRIVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32128

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

Arthur P. Skula
REGISTERED AGENT MUST SIGN

Date *2/20/03*

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
<i>P&S</i>	<i>ARTHUR P. SKULA</i>	<i>290 QUIET TRAIL DR. DAYTONA BEACH, FL. 32128</i>	<i>DAYTONA BEACH, FL 32128</i>

10. 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:

Arthur P. Skula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/03

Daytime Phone #

352-583-0801

CR2E081 (10/02)

gs 2/20

192 Second Street
P.O. Box 208
Cedar Key, Fl. 32625
Office 352-543-0801
Fax 352-543-0802
Web@ www.ckmyc.com

MEMBER CORPORATION

Date 2/20/2003

To: Division of Corporations

Re: Corporation Reinstatement

Gentlemen,

The following shall serve as a formal request to reinstate my company, Member Corporation, Document Number P01000108544, for the herein enclosed \$300.00 fee and completed reinstatement form.

As outlined in my telephone conversation to your office, I never received the required "UBR" form. Although my mailing address is correctly stated in your records, I believe the form was inadvertently sent to my previous principal address in Middleburg, Florida. A location I moved away from over a year ago.

Thank you for your considerations in this matter.



Arthur P. Skula
President
Member Corporation

...CEDAR KEY MEMBER YACHT CLUB.