

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000117926

1. Corporation Name

IYS BEACH INC.

FILED

02 DEC 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3295 70TH STREET SOUTHWEST
NAPLES FL 34105

Mailing Address

3295 70TH STREET SOUTHWEST
NAPLES FL 34105



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

2. New Principal Office Address, If Applicable

754 PARK AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

59-3760715

Applied For

Not Applicable

City & State

NAPLES, FLORIDA

City & State

Zip

34110

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD VTD	SARAZEN, GENE	3295 70TH STREET SOUTHWEST	NAPLES FL 34105
VTD	SCHIEBEL, JOHN	3295 70TH STREET SOUTHWEST	NAPLES FL 34105

400009432054
12/10/02--01028--002 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

GENE SARAZEN

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

754 PARK AVE

Suite, Apt. #, Etc.

NAPLES, FL 34110

City

NAPLES

State

FL

Zip Code

34110

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/30/02

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
GENE SARAZEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/02 (239) 849-7842

Daytime Phone

IYS Beach Inc.
754 park ave.
Naples, Florida 34110
(239) 849-7842

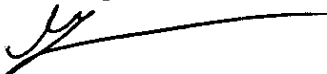
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporate re-instatement

To whom it may concern,

Please find enclosed my check for 150.00 for re-instatement of my corporation. I am requesting you waive the penalty since I did not receive this form until late November. The original address is in error and I was lucky enough to receive this last notice from the new tenant at that address. I have completed the form with the correct information and thank you in advance for your help.

Best regards,



Gene Sarazen
President
IYS Beach Inc.
(239)849-7842