

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000051606**

1. Corporation Name

**ANCHORAGE YACHT BASIN, INC.**

Principal Place of Business

Mailing Address

96 E. EAU GALLIE CAUSEWAY  
MELBOURNE FL 32901

96 E. EAU GALLIE CAUSEWAY  
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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
PD	NELSON, EDWARD G	419 NORTH WASHINGTON AVENUE	TITUSVILLE FL 32796
SD	NELSON, FLORENCE P	419 NORTH WASHINGTON AVENUE	TITUSVILLE FL 32796

03/10/03 90125 042 \$150.00

000039358300

07/21/04--01005--021 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, EDWARD G  
419 NORTH WASHINGTON AVENUE  
TITUSVILLE FL 32796

Name

LOUIS VENUTI

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

400 ORANGE STREET

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32796

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

*Louis Venuti*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

7-14-04

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:

*Edward G. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-14-04

Daytime Phone #

321-383  
2519