

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121490

1. Corporation Name

SINGER ISLAND SURF CAMP INC

2. Principal Office Address, No P.O. Box #

1276 NORTH HARBOR DR

Suite, Apt # etc

City & State

SINGER ISLAND FL

Zip

33404

County

PALM BEACH

3. Mailing Office Address

1276 NORTH HARBOR DR

Suite, Apt # etc

City & State

SINGER ISLAND FL

Zip

33404

County

PALM BEACH

7. Name and Address of Current Registered Agent

PAIGE PARKER

1276 NORTH HARBOR DRIVE

SINGER ISLAND

State
FL

33404

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

REGISTERED AGENT MUST SIGN

Date

4-25-07

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
P	PAIGE PARKER	1276 NORTH HARBOR DR	SINGER ISLAND FL 33404

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 contained in Chapter 119, 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:

4-25-07

561 351 1959

FILED

07 MAY -1 PM 1:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100103197121
05/24/07--01025--015 **450.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-2002

651162466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.