

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUL 17 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

DAYTONA BEACH SHAG CLUB

999 000088966

700006531577--5

-07/19/02--01056--002

\*\*\*\*308.75 \*\*\*\*308.75

2. Principal Office Address

2990 S. ATLANTIC AVE

Suite, Apt. #, etc.

#101

City & State

DAYTONA BEACH SHORES, FL

Zip

32118

Country

VO/USIA

3. Mailing Office Address

P.O. Box 7522

Suite, Apt. #, etc.

City & State

DAYTONA BEACH SHORES, FL

Zip

32116

Country

VO/USIA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-1-1999

5. FEI Number

59-3605675

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

GRAHAM F. ANDERSON

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

3248 S. ATLANTIC AVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH SHORES

State  
FL

Zip Code

32118

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

Graham F. Anderson

Date

7-15-02

REGISTERED AGENT MUST SIGN

**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
PRES	FRANK ANDERSON	3248 S. ATLANTIC AVE	DAYTONA BEACH, FL 32118
V-PRES	KENN DAVIS	P.O. Box 353	PIERSON, FL 32180
SEC	PEGGY STACY	69 WHITE FEATHER LANE	FLAGLER BEACH, FL 32181
TREAS	ANNIE MARIANI	308 PALM CIRCLE	FLAGLER BEACH, FL 32186

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: Frank Anderson FRANK ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

(386) 756-6666

Daytime Phone #

CR2E081 (9/01)

7/16/02