

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

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DOCUMENT # P99000103312

1. Corporation Name

TREASURE COAST SPORTS SERVICES, INC.

00 NOV 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

939 CENTRAL PARKWAY
STUART FL 34994

939 CENTRAL PARKWAY
STUART FL 34994



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

11/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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 |
|---------------|---|--|-------------------------|
| P/D | BARBI MOLINE | 939 SE CENTRAL PKWY, | STUART, FL 34994 |
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200003493152--5
-12/11/00--01030--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOLINE, BARBIE
939 CENTRAL PARKWAY
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Barbi Moline

Date

10/27/00

REGISTERED AGENT MUST SIGN

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:

Barbi Moline

BARBI MOLINE

10/27/00 561286-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

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OCTOBER 30, 2000

TO WHOM IT MAY CONCERN,

I AM WRITING TO REQUEST A REVIEW OF OUR CORPORATE RE-
INSTATEMENT FEES. WE OPENED THIS SMALL CORPORATION IN
NOVEMBER 1999. WE RENT A SMALL OFFICE FROM A LARGE COMPANY,
SURF EXPRESS TRAVEL, INC. AT THE SAME ADDRESS. WE REALIZED THAT
WE WERE NOT RECEIVING ANY MAIL AT THIS ADDRESS AFTER WE HAD
BEEN IN BUSINESS ABOUT SIX MONTHS AND HAD TO CONTACT THE POST
OFFICE BECAUSE THEY DID NOT REALIZE WE SHOULD HAVE BEEN
RECEIVING IT AT THIS ADDRESS, ALSO. WE NEVER RECEIVED OUR FIRST
APPLICATION TO FILE FOR THE FIRST YEAR AND I HAVE NEVER OWNED A
CORPORATION BEFORE AND DIDN'T REALIZE WE WERE SUPPOSE TO
RECEIVE A FORM LAST YEAR. OUR ADDRESS PROBLEM HAS BEEN
STRAIGHTENED OUT AND I WAS VERY UPSET TO RECEIVE THIS FORM. I
UNDERSTAND IT IS OUR FAULT BUT WE ARE A NEW BUSINESS AND HAVE
NOT MADE ANY MONEY YET AND I AM RESPECTFULLY REQUESTING A
REVIEW OF THIS AND HOPING THAT WE CAN PAY THE \$150.00 AND WE
WILL MAKE SURE IN THE FUTURE THIS IS IN ON TIME EVEN IF WE DO NOT
RECEIVE A FORM. I APPRECIATE YOUR CONSIDERATION. THANK YOU.

SINCERELY,

Barbi Moline
BARBI MOLINE, PRESIDENT