

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000108824

1. Corporation Name

SOUTH BEACH SUN CLUB, INC.

Principal Place of Business

Mailing Address

~~PO BOX 15914~~  
BRADENTON FL 34280

~~PO BOX 15314~~  
BRADENTON FL 34280

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

2. New Principal Office Address, If Applicable

P.O. Box 20725

3. New Mailing Office Address, If Applicable

P.O. Box 20725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip 34204

Country U.S.A.

Zip 34204

Country U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1999

5. FEI Number

65-0968393

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Lane Hendrix	4843-77th St. E. Bradenton, FL	Bradenton, FL 34203
Vice President	Lynn Roodbergen	53A-36th Ave. Cit W. Apt. F9	Bradenton, FL 34209

300003524043--8  
-01/04/01--01103--023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRON, ANDRE R ESQ  
OZARK & PERRON, P.A.  
2808 MANATEE AVENUE WEST  
BRADENTON FL 34205

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date NOV 1 - 2000

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:

*Lane Hendrix*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/00 (940) 720-7505  
Date Daytime Phone #

KE