

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG -4 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S40910

1. Corporation Name

SURF CLUB DEVELOPMENT CORPORATION

Mailing Address

Principal Place of Business

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
1819 Main Street,

3. New Principal Office Address, If Applicable
165 W. Putnam Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 610

City & State

City & State

Sarasota, FL

Greenwich, CT

Zip

Country

Zip

Country

34236

USA

06830

USA

5. FEI Number

65-0246467

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,S,T	Robert E. Bridges	165 W. Putnam Avenue	Greenwich, CT 06830
VP	Solaz, Daniel C.	165 W. Putnam Avenue	Greenwich, CT 06830

100002260921--7
-08/07/97--01094--004
****915.00 ****915.00

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John P. Laudenslager
1101 S. Tamiami Trail
Venice, FL 34292

Name
Sam D. Norton, Esq.

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

1819 Main Street,

Suite, Apt. #, Etc.

Suite 610

City

Sarasota

State

FL

Zip Code

34236

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

Sam D. Norton

REGISTERED AGENT MUST SIGN

Date 7/25/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/97

Date

(203) 661-3077

Daytime Phone #

CR2E040 (6/94)