

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 769841**

1. Corporation Name

**MARINELIFE CENTER OF JUNO BEACH, INC**

Principal Place of Business

14200 US 1  
 JUNO BCH FL 33408  
 US

Mailing Address

14200 US 1  
 JUNO BCH FL 33408  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

98 AUG -4 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 97-98**

4. Date Incorporated or Qualified To Do Business in Florida

08/15/1983

5. FEI Number

59-2445926

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 (Do NOT Use Post Office Box Numbers) | City & State        |
|----------|-----------------------------------|---|---------------------|
| 1        | 2                                 | 3   | 4                   |
| D        | NELSON, GAIL                      | 14972 PALMWOOD RD.  | N PALM BCH FL       |
| SD       | WOLF, CYNDIE                      | 14200 US HWY ONE  | JUNO BEACH FL       |
| SD       | MILLER, MORRIS                    | 2690 TOWEL DR.  | PALM BCH GARDENS FL |
| TD       | MULLEN, JAMES                     | 212 CAPE PT. CIR.   | JUPITER FL          |
| PD       | DIMARCO, NANCY                    | 401 GULF RD.  | N. PALM BEACH FL    |
| D        | WILCOX, J. ROSS                   | 9008 GARDENS GLEN CT  | PALM BCH GDS FL     |

8. Name and Address of Current Registered Agent

MILLER, MORRIS G.  
~~MILLER & FORBES PA~~  
 319 GLEMATIS ST STE 214  
 WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 11382 PROSPERITY FARMS ROAD  
 Suite, Apt. #, Etc.  
 SUITE 221  
 City  
 PALM BEACH GARDENS State FL Zip Code 33410

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

*Morris G. Miller*

REGISTERED AGENT MUST SIGN

Date

*April 24, 1998*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*James J. Mullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. MULLEN TREASURER

4/17/98

Date

561-832-9292

Daytime Phone #

CR2E040 (8/97)