

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -3 PM 3:17

DOCUMENT # 285568

1. Corporation Name

St. Marks Marina, Inc.

REINSTATEMENT 89-06

2. Principal Office Address

28 Lynn Circle

3. Mailing Office Address

406 Oakwood Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Marks, FL

City & State

Crawfordville, FL

Zip

32355

Country

USA

Zip

32327

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-01-1964

5. FEI Number

59-1094647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Frances Casey Lowe

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

3119-B Crawfordville Highway

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

*Frances C Lowe*

Date 11/2/06

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
P	Derrell E. Lynn	P.O. Box 87	St. Marks, FL 32355
VP	M. Anderson Lynn	67 Savannah Road	Crawfordville, FL 32327
S	John T. Lynn	406 Oakwood Trail	Crawfordville, FL 32327
T	C. Allen Lynn	165 Deepwood Drive	Crawfordville, FL 32327

100081493031  
11/03/06--01018--010 \*\*\$3033.75  
100081493031  
11/03/06--01018--011 \*\*\$8.75

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 contained in Chapter 119, 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:

*John T. Lynn*  
John T. LYNN  
Secretary

11/1/06  
Date

(850) 925-6083  
Daytime Phone #