

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 NOV 18 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **593942**

1. Corporation Name

**WILLIAMS CAPRI MARINE, INC.**

Principal Place of Business

Mailing Address

250 CAPRI BLVD.  
 NAPLES FL 34113  
 US

250 CAPRI BLVD.  
 NAPLES FL 33962

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

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1978

5. FEI Number

59-1868310

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
PT	WILLIAMS, EDWIN MCB.	1046 NELSON'S WALK	NAPLES FL
VS	WILLIAMS, SHIRLEY K.	1046 NELSON'S WALK	NAPLES FL
			000002691880--5 -11/19/98--01088--003 ***750.00 ***750.00 JB 11-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, EDWIN MCB.  
 250 CAPRI BLVD.  
 NAPLES, FL ABW FL 34113

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

*Edwin MCB Williams*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/16/98

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:

*Edwin MCB Williams*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/16/98

(941) 394-5643 Bus  
 (941) 261-6243 Res  
 Daytime Phone #

CR2E040 (9/98)