

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 12 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7/9001

1. Corporation Name

MANATEE FLOTILLA 83, INC.

REINSTATEMENT 07-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

5118 WEDGE CT E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34203

Country

US

3. Mailing Office Address

5118 WEDGE CT E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34203

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 19, 1970

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT SCOTT

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

8709 53RD PLACE EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34211

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert H. Scott

REGISTERED AGENT MUST SIGN

Date 12/10/08

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
D,T	WILLIAM BECKETT	5118 WEDGE CT E	BRADENTON, FL 34203
D	WALERY KEDROFF	1305 HARVARD AVE.	BRADENTON, FL 34203
D	PAULETTE PARENT	3805 71ST TERRACE EAST	SARASOTA, FL 34243
D	RAMON THOMPSON	241 AIRPORT AVE E APT 311	VENICE, FL 34285
			000139105670 12/11/08--01039--009 **306.25

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:

William Beckett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/08

Date

(941) 779-3764

Daytime Phone #

JC 12/15