

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 726326

1. Corporation Name

AIR BOAT ASSOCIATION OF FLORIDA

Principal Place of Business

Mailing Address

25400 SW 8ST
MIAMI FL 33157

10010 SW 161 STREET
PERRINE FL 33157
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

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
TD	POTTER, RICHARD	10010 SW 161 ST	PERRINE, FL 00000
D	TAYLOR, FRANCIS	89 LUDLUM DR	MIAMI SPRGS, FL 00000
SD	WENTZ, KEITH	4715 SW 117 AVE	MIAMI, FL 00000
D.	DANNAY, Jay	10901 S.W. 116 STREET	MIAMI FL 33176
D.	BAIMAN, DAVE	3845 S.W. 103 AV	MIAMI FL 33165
D.	BURKIN, BATEH	3210 S.W. 106 AV	MIAMI FL 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POTTER, RICHARD M
10010 SW 161 ST
PERRINE FL 33157

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Richard M. Potter **REGISTERED**

REGISTERED AGENT MUST SIGN

Date

11/17/98

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:

Richard M. Potter **Richard M. Potter** 11/17/98 805 2330482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

98 DEC 22 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/29/98--01047--012

****236.25 ****236.25



REINSTATEMENT

98

4. Date incorporated or qualified
to do business in Florida

05/04/1973

5. FEI Number

59-2849731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR606 (04/92)