## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 31 PH 1:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE ಲ್ಲ,Gleryda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOC	U	IM	E	NT	#

F05387

1. Corporation Name

MCINTOSH MARINE, INC.

Principal Piace of Business  Milling Address 1615 E CAMNO DEL RIO VERO BEACH FL 32863  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses, if Applicable  7880 N UNIVERSITY DRIVE  Suite, Apt. F, etc.  Suite											
Fabove addresses are incorrect in any way, line through incorrect information and enter correction below.   REINSTATIVENT   D3	Principal Place of Business Mailing Address					7					
It above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable 7880 N UNIVERSITY DRIVE 7880 N UNIVERSITY											
2. New Principal Office Address, if Applicable 73. New Malling Office Address, if Applicable 7380 N UNIVERSITY DRIVE  Suite, Apt. 4, etc.  Suite, Apt. 4, et	If above a	addresses are	incorrect in any way, line thr	ough incorrect in	iformation an	nd enter	correction below.	1 1 1 1 1 1 1			
SUITE 201  City & State  City & State  Country  Signature of Count	New Principal Office Address, If Applicable     3. New Mail		3. New Mailir 7880 N	ling Office Address, If Applicable UNIVERSITY DRIVE		Date Incorp     To Do Buşir	orated or Qualified ness in Florida	11/13/1980			
City & State  City & State  TAMARAC, FLORIDA  Country  Zip  Country  Size a Additional Fear equired for a Certificate of Status  City / State / Zip  VERO BEACH FL 32963  ***TSI)  Il ///J3///J3U10/51U0/3 ***TSI)  Name.  TAYKAN, ARIE A  7880 N. UNIVERSITY DR. #201  TAMARAC FL 33321  Size a Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code  FL  Signature of  Registered Agent  Date  Da	Suite, Apt.	#, etc.					5. FEI Numbe	r			
Country   Zip   Country   State   St	City & State City & 5		City & State	& State		]	59-2054373	Not Applicable			
Name of Officers   3   Street Address of Each   4   City / State / Zip	Zip		Country			Country	<i>'</i>	_	OF STATUS DESIRED		
PD MCINTOSH, GREGORY S JR.  1615 E. CAMINO DEL RIO  VERO BEACH FL 32963  DIAMON DEL RIO  VERO BEACH FL 32963  PN Name and Address of New Registered Agent  Name.  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201  TAMARAC FL 33321  Suite, Apt. #, Elc.  City State Zip Code FL  City State Zip Code FL  Signature of Registered Agent Date Date Date Date Date Date Date Dat	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
A. Name and Address of Current Registered Agent  11/03/0301051003 ***750.00  11/03/0301051003 ***750.00  11/03/0301051003 ***750.00  11/03/0301051003 ***750.00  11/03/0301051003 ***750.00  11/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/0301051003 ***750.00  10/03/03/030105		2	and/or Directors								
8. Name and Address of Current Registered Agent  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. \$201 TAMARAC FL 33321  Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.	PD	MCINTOSH, GREGORY S JR.			1615 E. CAMINO DEL RIO				VERO BEACH FL 32963		
8. Name and Address of Current Registered Agent  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. \$201 TAMARAC FL 33321  Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			·								
6. Name and Address of Current Registered Agent  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State  Zip Code  FL  Signature of Registered Agent  Date  Date		<del> </del>					<del></del>	<del></del>			
6. Name and Address of Current Registered Agent  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State  Zip Code  FL  Signature of Registered Agent  Date  Date			±* .							. 4	
6. Name and Address of Current Registered Agent  TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State  Zip Code  FL  Signature of Registered Agent  Date  Date						——	<u></u>	<del>- 00</del>	<del>Dosast</del>	9290	
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent  Date  Name.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Date  Date				}				117037	₩3₩₩51₩ 	3 **(5U.UU	
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent  Date  Name.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Date  Date	<del></del>										
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent  Date  Name.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Date  Date				}	i				1		
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent  Date  Name.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Date  Date	•										
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent  Date  Name.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Date  Date	•										
TAYKAN, ARIE A 7880 N. UNIVERSITY DR. #201 TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  State Zip Code FL  Signature of Registered Agent  Date  Date	8. Name and Address of Current Registered Agent			ıt		Name and Address of New Registered Agent					
TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State FL  Signature of Registered Agent			•			-	Name_		* - <del>-</del> -	and the second	
TAMARAC FL 33321  Suite, Apt. #, Etc.  City  State Zip Code  FL  Signature of Registered Agent  Date  Signature of Registered Agent						Street Address (P.O. Box Number is Not Acceptable)					
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. or 617.0505, F.S.  Signature of Registered Agent	***************************************			Suite, Apt. #, Etc.		c.					
Signature of Registered Agent Date 10/3/03							City	<del></del>			
Signature of Registered Agent Date 10/3/03	10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am fa	miliar wi	th and accept the	obligations of Sect	ion 607.0505, F.S. or 61	7.0505, F.S.	
Registered Agent Date // Caful	_	· ·		•			·	•			
Registered Agent Date // Caful							in the last ten			1.22	
	Signature of Registered	Agent			11 11 1	$(\tilde{x})$			Date	23/0/	
	- -		A	CHETERRO AG	ENT MUST	SIGN					

11. 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:

ND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR