APPLICATION FOR . . · REINSTATEMENT

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

APPROVED AND FILED

97 NOV -7 AM 9: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F63675**

1. Corporation Name

SHIPWRECK FURNISHING, INC.

Principal Place of Business	Mailing Address
1620 VILLAGE GREEN DR PT ST LUCIE FL 34952	1620 VILLAGE GREEN DR PT ST LUCIE FL 34952

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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	4. Date Incorporated or Qualified To Do Business in Florida **01/25/1982**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-2189000** — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — **$8.75 Additional Fee required for a Certificate of Status**
Zip — Country	Zip — Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LEACH, RICHARD R	6605 S INDIAN RIVER DRIVE	FT PIERCE FL
VP	RITLAND, JAMES M	7N VIA LUCINDIA	STUART FL
ST	LEACH, PATRICIA	6605 S INDIAN RIVER DRIVE	FT PIERCE FL
		0000002345240---2 -11/12/97--01105--018 ****750.00 ****750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEACH, RICHARD R 6605 S INDIAN RIVER DR STUART, FL FT PIERCE FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State **FL** — Zip Code

CR2E040 (8/97)

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 _____ REGISTERED AGENT MUST SIGN

Date _____

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: _____ James Ritland V. Pres 11/3/97 (561) 335-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #