

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 1

APPLICATION
FOR
REINSTATEMENT

OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F9500005352 W98-29031

1. Corporation Name

KAHUNA KAFAMARANS, LTD

Principal Place of Business

1087 Bald Eagle Dr.
MARCO IS. FL
34145

Mailing Address

821-A PALM ST
MARCO IS. FL
34145-2007

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 1/1/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0501354

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	BLAINE E. DAVIS, II	821 PALM ST #A	MARCO IS. FL 34145
Treas.	William B. Arthurhally	594 SAND RD	STANDISH, ME
Clerk	Peter GARCIA, Esq.	Skelton Tamaritan & abba main st.	aurum, ME 04210
			700002738617--9
			01/12/98 01088 001
			*****673.75 *****673.75
			1/16/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name BLAINE E. DAVIS, II
Street Address (P.O. Box Number is Not Acceptable) 821-A PALM ST
Suite, Apt. #, Etc. #A
City MARCO ISLAND State FL Zip Code 34145

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 12/21/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98

Date

941-642-7704

Daytime Phone #

CR2E040 (1/98)

PAGE 2

Kahuna Katamarans, Ltd.
821 #A Palm St.
Marco Island, FL 34145-2007

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

~~613.75~~ BD
~~615.00~~ BD

Enclosed please find my Application for Reinstatement and a check for ~~458.75~~.

I respectfully ask that you waive the \$600.00 reinstatement fee associated with late filing as I never received the corporate annual report. Kahuna Katamarans is a state of Maine corporation and my florida address has changed every return year. In addition, I wasn't aware that any filing was required since I was an out of state corporation.

Furthermore, please forward my future corporate annual reports to the following address:

Samuel Guirguis, B.S.B.A.
4100 Evans Ave. Ste 11
Fort Myers FL 33901

Thank you for your attention on this matter

Thank you,

Blaine Davis

Blaine Davis, President