

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 22 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001593

1. Corporation Name

MARITIME SAILING COMPANY, LTD.

Principal Place of Business

Mailing Address

24 INDIAN RIVER CT.
COCOA FL 32922-7527

24 INDIAN RIVER CT.
COCOA FL 32922-7527

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.

819 N. Indian River Drive

Suite, Apt. #, etc.

819 N. Indian River Drive

City & State

COCOA FL

City & State

COCOA FL

Zip

32922-7530

Country

USA

Zip

32922-7530

Country

USA

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1997

5. FEI Number 59-3437253

APPLIED FOR

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	JONES, LAWRENCE S	24 INDIAN RIVER CT.	COCOA FL 32922
P/ST/D	JONES, LAWRENCE S	819 N. INDIAN RIVER DRIVE	COCOA FL 32922-7530
			700002725637--2 -12/29/98--01090--003 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, JOSEPH J
1214 DUKE WAY
COCOA FL 32922

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

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 of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence S. Jones

12-21-98

Date

Daytime Phone #

407-635-8308

CR2E040 (6/93)